



JPRS Report—

Epidemiology

AIDS

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Epidemiology

AIDS

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9 December 1991

[This EPIDEMIOLOGY report contains only material on AIDS. Other epidemiology topics are covered in a later issue.]

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REGIONAL AFFAIRS

WHO Official Cites AIDS Potential Impact on Work Force

*MB2711075791 London BBC World Service in English
0430 GMT 27 Nov 91*

[From the "African News"]

[Text] Officials from more than 40 African countries meeting in Namibia have been warned that the spreading AIDS virus could soon have disastrous economic consequences. A senior official from the World Health Organization said that Africa's work force could be depleted by up to 20 percent in the next five years.

ANGOLA

AIDS Spreading at 'Alarming Rate'

MB0211085491 (Clandestine) Voice of Resistance of the Black Cockerel in Portuguese to Southern and Central Africa 0500 GMT 2 Nov 91

[Excerpt] AIDS, the disease that cannot be cured, is spreading at an alarming rate throughout the areas where Cuban troops had been deployed. AIDS cases have been diagnosed in Luanda. At least four cases have been diagnosed in Cuanza Norte Province.

AIDS was introduced in Angola by Cuban troops. According to AFRICA CONFIDENTIAL, Cuba also sent to our country Ugandan soldiers who had contracted the disease in that country. The Kampala government refused to allow those Ugandans into Uganda, alleging that there were no means to treat the killer and highly contagious disease. [passage omitted]

GHANA

AIDS Cases Up 1.9 Percent in July 91

*AB2311073091 Paris AFP in French 1940 GMT
8 Nov 91*

[Text] Accra, 18 Nov (AFP)—The number of AIDS patients in Ghana increased by 1.9 percent during the month of July, thus bringing the total to 2,521, the local press reported today. According to the last assessment dating back to June, the number of people believed to have been suffering from AIDS was 2,474. Dr. Phyllis Antwi, director of the national anti-AIDS program, reckoned that one out of 10 regional hospitals was equipped to detect the disease, the press reported.

[Accra Ghana Broadcasting Corporation Radio Network in English at 2000 GMT on 20 November adds the following: "Sixty-eight AIDS cases were recorded at the Nkawkaw Holy Family Hospital during the first nine months of this year. Out of the number, 61 were women

and the rest men between the ages of 17 and 40. The figure is against 29 cases recorded by the hospital last year."]

KENYA

Over 600 AIDS Cases in Eastern Province

*92WE0081A Nairobi THE KENYA TIMES in English
15 Sep 91 p 5*

[Text] Health workers need proper and intensified counselling so as to be able to handle, treat and interact freely with victims of AIDS and other incurable diseases.

The observation was made by a nurse at the Embu General Hospital during an AIDS seminar held in Embu. Mrs. Muigai said that nobody should declare an AIDS victim worthless since they can still be resourceful and active members of the society.

She said that sacking an AIDS victim does not help the society or the individual since the society ends up being deprived of useful services while the sacked person is left with no source of income.

She said that through proper counselling an AIDS victim could be made to see and understand the need to change his/her sexual behavior so as to curb the spread of the disease.

She further stressed the need to interact with the victims in a bid to create comfort for the patient and not to isolate them in a ward where they are left feeling unwanted and depressed.

Mrs. Muigai also announced that a special clinic for proper investigations and treatment of various sexually transmitted diseases has been launched at the Embu General Hospital's outpatient department.

She observed that health workers out in the field had realized that people were taking the disease for granted and ignoring the danger behind it.

On the control of AIDS, the nurse said there was need to give proper health education to people of all ages. She said that the use of condoms should not be stressed since it has been found not to be a sure way of protection. However, Mrs. Muigai felt that condoms should be used by married couples with an AIDS problem just to prevent reinfection.

And according to the Eastern Provincial Physician at the Embu General Hospital, Dr. Francis Kimani, there were about 663 reported AIDS cases in the province, 254 among them from Embu district.

Dr. Kimani said the hospital had so far dealt with about 70 AIDS patients, adding that half of them have already died.

The physician, who was addressing health workers at an AIDS seminar in Embu town, said that out of the total cases in Embu District, 155 were men while 99 were women.

Dr. Kimani said through open discussion on AIDS in various forms, health workers will succeed in turning the shock in the public into an organized war against the killer disease.

LIBERIA

Official Number of AIDS Cases at 12

*AB231114391 Monrovia Radio ELBC in English
0900 GMT 20 Nov 91*

[Text] It has been reported in Monrovia that the official number of AIDS [Acquired Immune Deficiency Syndrome] cases diagnosed in Liberia is now put at 12. A press release from the National AIDS and STD [Sexually Transmitted Diseases]-Control Program at the Ministry of Health says seven new cases of the deadly disease have been diagnosed. Before this crisis, the release said, five cases were reported.

The current report followed 500 HIV tests during the period of May to September this year, using the WHO guidelines. The release further said more than 95 percent of the individuals tested were blood donors. Six of the cases were Liberians and the other, a non-national.

Meanwhile the National AIDS and STD-Control Program has announced that it will commence its laboratory services on Monday 25 November in the Maternity Hospital in Sinkor. The program was reactivated in July this year with full financial and logistical support from the WHO, UNDP [UN Development Program] and the Save The Children Fund in the United Kingdom.

MOZAMBIQUE

Two AIDS Deaths in Inhambane Province

*MB0112051991 Maputo Radio Mozambique Network
in Portuguese 1730 GMT 30 Nov 91*

[Excerpt] Two people have died of AIDS in Inhambane Province from January to September this year. This was revealed by Xavier Candido, head of the provincial department for the prevention of and fight against AIDS in Inhambane, on the occasion of the World's AIDS Day due to be marked tomorrow. [passage omitted]

Health Minister Expresses Concern Over Increased AIDS Cases

*MB3011164891 Maputo Radio Maputo in English
1100 GMT 30 Nov 91*

[Text] Mozambique's minister of health, Dr. Leonardo Simao, has expressed concern over the increasing number of AIDS cases in the country.

Dr. Simao said that in 1985, there had been only one case of AIDS in Mozambique but by October this year, the number had grown to 288 and he said this figure did not represent the real situation which is much worse. Doctors have pointed out that because of the war situation in Mozambique it is impossible to establish the real number of AIDS cases in the country.

Dr. Simao made his remarks at the launching last night in Maputo of an album of songs about AIDS, part of a national campaign aimed at preventing the spread of the killer disease. The album available on audio cassette contains songs by a number of Mozambique's top recording artists. The minister of health thanked them for the contribution in public education on the dangers of AIDS.

NIGERIA

AIDS Prevention Campaign Launched in Armed Forces

*AB231112091 Lagos Radio Nigeria Network
in English 1500 GMT 20 Nov 91*

[Text] All three services of the Armed Forces have been directed to launch separate campaigns against the Acquired Immune Deficiency Syndrome, AIDS, before the end of this year. The minister of defense and chief of defense staff, General Sanni Abacha, gave the directive in Lagos today while launching the Armed Forces and Police chapter of the campaign.

He said each service should also carry out the enlightenment campaign at the formation and unit levels. Gen. Abacha directed that the first phase of the barracks AIDS control campaign should be completed by January next year. He said that the Ministry of Defense had also been given up to January to take appropriate steps to establish a fully functional secretariat for the Transfusion and AIDS Control Committee of the Armed Forces.

The chief of defense staff identified ignorance, complacency and denial as major obstacles to AIDS control and said that all available information and strategies must be used to prevent and eradicate the disease.

Earlier, the director general in the Ministry of Defense, retired Major General Olubajowa, has said that high mobility of the military and the police within and outside the country on duties expose them to high risk of acquiring HIV infection.

Radio Views Increasing AIDS Threat; Advises Public

*AB2411101591 Lagos Radio Nigeria Network
in English 1800 GMT 21 Nov 91*

[Champra Abawe commentary]

[Text] The disease known as Acquired Immune Disease [as heard] Syndrome, AIDS, has since its discovery been

[words indistinct]. The WHO in its quarterly update on AIDS said that since the October this year a total of 418,403 AIDS cases has been reported to the organization from 163 countries around the world. However, taking into account delays in reporting AIDS cases, the WHO explained that about 1.5 million people, including half a million children, have developed AIDS.

Here in Nigeria, a good number of HIV-infected persons have developed the disease. According to the Federal Ministry of Health, out of 135,000 blood samples taken, 860 tested positive while 100 had developed the disease. The number of those who tested positive as of November 1989 was 250 as against 15 in November 1987. In Lagos, for instance, HIV infections in women [words indistinct] rose to 14 percent in 1990 from just four percent in 1988. [sentence as heard] These figures clearly illustrate that the disease is spreading.

One of the factors responsible for the spread of the disease in spite of the full knowledge of Nigerians about the threat of the disease is attributable to indifference of some Nigerians to warnings about the existence of the disease. In spite of considerable efforts by the mass media which stress the need for the use of the condom, people still ignore the advice for inconsequential reasons. What such people should bear in mind is the fact that AIDS is no respecter of persons, race, age, or religion.

AIDS is not a political affair. It is a matter of life and death, and so far has no known cure. It is transmitted through sex, transfusion with infected blood, unsterilized [word indistinct] objects like needles and syringes, and from a mother to her unborn child. The AIDS virus destroys the body's immune system, thereby rendering the victim vulnerable to almost any infection. Full-blown AIDS is always fatal, leading to death within two or three years of diagnosis. So far, health education has remained the only way of tackling the spread of the disease. But AIDS education faces the formidable challenge of changing the people's attitudes. For instance, sexual behavior and the use of intravenous drugs through which the virus is transmitted are deeply rooted and not easily altered.

Though the country is classified among the low prevalence countries and since we do know what causes the infections, the future of this country still depends only on the responsible behavior of everyone in the society. [sentence as heard] Government, through the Federal Ministry of Health, has so far responded decisively in combating the spread of AIDS. It has integrated the AIDS health education into the primary health care system to get the message to the grassroots.

In addition to the setting up of screening sector in 21 states of the federation, including Abuja, there are three confirmation centers established and maintained by the Federal Ministry of Health. Also, government has provided large sums of money towards the campaign against the spread of the deadly disease, and just yesterday, the

Nigerian Armed Forces and Police chapters of the war against AIDS were launched in Lagos.

Nigerians should stop being complacent and not wait to see an AIDS patient on the television screen before believing that the disease exists. The ultimate success of the fight against AIDS depends on every Nigerian.

SOUTH AFRICA

Buthelezi on Constituent Assembly, Peace Accord, AIDS

MB2610101091 Johannesburg SAPA in English
0933 GMT 26 Oct 91

[Excerpt] Ulundi Oct 26 SAPA—South Africa did not need a constituent assembly because the state president's actions could be made totally dependent on the approval of Mr. Nelson Mandela and Mr. Mangosuthu Buthelezi. This was said in Ulundi on Saturday [26 October] by the Inkatha Freedom Party [IFP] leader, who was addressing the annual general meeting of the IFP Women's Brigade. [Passage omitted]

Addressing the population explosion and the onslaught of AIDS, Mr. Buthelezi said it was ironic that "sex dominates in all developing and poor societies like ours. It is because of this that we have population explosions which become problematic in Third World societies, of which we are a part. It is also because of this that we will be more devastated by AIDS, which comes out of heterosexual sex. It is the role of mothers to instill a certain seriousness in our children about the dangers of this disease to our total society. What I perceive at the moment is that our youth treat any talks on the threats of AIDS as some kind of sick joke. I wish to emphasise that all of us have a duty here, be we male or female, as far as enlightening our youth on AIDS. Women can play a pivotal role even here."

Doctor Discusses Medical Approach to AIDS, Projections

MB2910205091 Johannesburg SAPA in English
1926 GMT 29 Oct 91

[Text] Cape Town Oct 29 SAPA—A biomedical approach which focuses only on the physical causes and cures of disease was inadequate in addressing the AIDS epidemic in South Africa, Dr. Angelo Grazioli, director of the South African Sex Education and Dysfunction Unit, said on Tuesday.

Addressing a health congress to commemorate the 90th anniversary of the Institute of Public Health (IPH), he said a holistic strategy, which recognises the role of sexual behaviour in the spread of AIDS, was essential.

"Sexual behaviour spreads AIDS and sexual behaviour results from beliefs which are informed by specific values, ethics and morality," Dr. Grazioli said.

Stressing the need for sex education by trained personnel, he said that if education were to bring about the fundamental changes in sexual behaviour required to stop sexually-transmitted diseases and AIDS, such counselling would have to "address the fundamental religious and moral dimensions of human sexuality".

He said projections indicated that the number of HIV-infected black South Africans aged between 15 and 49 at the end of 1990 was between 119,000 and 168,000. This figure is expected to rise to 317,000 and 446,000 by the end of this year.

Figures in May 1991 for recorded cases of sexually transmitted HIV-infection indicated that 95 percent of infected whites were homosexual or bisexual while 99 percent of blacks were heterosexual.

Dr. Grazioli said black HIV carriers were typically young, with a low standard of education, occupational status and income levels. They lived in poverty in urban and semi-urban townships, were increasingly politicised and suffer extreme disruption and lack of security in their lives.

"It is under these perilous conditions that an awareness of AIDS, personal motivation, behaviour to prevent infection and strategies to combat the disease have to be established."

Dr. Grazioli said the spread of AIDS in South Africa could only be stemmed by broadly-based and contextuallyised sex education, programmes to promote healthy family dynamics and closed relationships and biomedical safer sex education.

Research Program Head Notes Projected AIDS Figures

*MB3010182091 Johannesburg Radio RSA in English
1500 GMT 30 Oct 91*

[Text] The head of the National AIDS Research Program of the South African Medical Research Council, Dr. Malcolm Steinberg, says South Africa will have between 750-930,000 AIDS orphans in 20 years time. Speaking at a conference on child health priorities in Cape Town, Dr. Steinberg said projections indicated that by the year 2010 between 20,000 and 31,000 children would have the HIV virus. He said the existing health services were not coping with the AIDS burden and a new health system would be needed.

National Health Department Refutes U.S. AIDS Report

*MB0111060891 Johannesburg SAPA in English
2147 GMT 31 Oct 91*

[Text] Johannesburg Oct 31 SAPA—Predictions that AIDS will wipe out three-quarters of South Africa's population by the year 2010 are "ultimately irresponsible", says the Department of National Health and Population Development.

The department reacted on Thursday to a medical report by the Population Research Institute, an American-based international monitor of global population trends.

The report predicted that an AIDS holocaust will depopulate South Africa, with as many as 12.8 million people infected by the end of 1995, and quoted Johannesburg physician and public health administrator Dr. Claude Newbury as saying: "AIDS will almost certainly depopulate this country and probably reduce our population to less than one quarter of its present size by the year 2010."

Dr. Newberry was also highly critical of South Africa's approach to AIDS. He accused authorities of "fiddling with dubious statistics..." While "the impending AIDS epidemic threatens to decimate the nation's population".

The department dismissed Dr. Newbury as someone "not widely known in the RSA for his involvement in AIDS" and suggested the report was "a mishmash of reasonable facts and unfounded, rather unscientific speculation".

Although the department agreed with Dr. Newbury's claim that there were 100,000 South Africans infected with the HIV virus at the end of last year, and that this figure would double to 200,000 before the end of 1991, it disputed his estimation that the number of HIV infected people would double every eight months.

"On the basis ongoing studies the doubling time is probably closer to 12 months."

Furthermore, Dr. Newbury had failed to take into account the effect of anti-AIDS programmes "expected to make dramatic changes in the extent of the pandemic in the future".

It was presently impossible to state, as Dr. Newbury had, that 12.8 million South Africans would be infected by AIDS in four years time, because it was not possible to quantify all the variables governing the growth of AIDS.

Dr. Newbury was also "obviously unaware" of the extent of HIV-prevention activities being undertaken in South Africa.

Predictions like those he was prepared to make "are in the category of gazing into crystal balls and are ultimately irresponsible", the department said.

SADF Introduces AIDS Testing for Permanent Force Recruits

*MB0611150791 Johannesburg SAPA in English
1426 GMT 6 Nov 91*

[Article by Ada Stuijt]

[Text] Johannesburg Nov 6 SAPA—The South African Defense Force [SADF] has introduced AIDS testing to its permanent force recruits.

The medical screening by the SADF—briefly raised at a seminar by Mr. Jurie Wessels, deputy director of the Life Offices Association of South Africa [LOASA] on Wednesday—was later confirmed by Brig Tristan Dippenaar, director of the SADF Medical Service in Pretoria.

The LOASA seminar highlighted the impact of the growing AIDS pandemic in South Africa on the life assurance industry.

Brig Dippenaar confirmed that blood tests for the HIV virus formed part of a large battery of voluntary medical tests—but AIDS testing was only undertaken among short-term and long-term permanent force [PF] recruits who wanted to become career soldiers.

Civilian applicants and national servicemen were not tested for AIDS.

Brig Dippenaar said any PF recruits who tested HIV-positive were given counselling in the strictest confidentiality before they were referred to one of the nationwide AIDS training and counselling centres.

He said the SADF's rigid medical criteria for prospective career soldiers could not be compared with the health requirements in civilian life.

He pointed out that any wounded HIV-infected soldiers could also infect other soldiers and medical personnel, the soldiers would themselves be greatly at risk from open-wound sepsis and also would be unable to donate blood during battlefield emergencies.

"Under the Occupational Safety Act, which requires that the working environment be made as safe as possible, this would be an unacceptable condition," he noted.

Brig Dippenaar emphasised the SADF policy was not discriminatory towards any particular population group in its testing for AIDS among PF recruits.

"Any individuals who fail our medical tests due to HIV-positive identification are treated under the same medical principles as are those recruits who failed due to poor vision," Brig Dippenaar said.

The LOASA seminar was also addressed by Mr. Francois Marais of SANLAM [South African National Life Assurance Company], who said the industry increasingly had to deal with a population which was "uninsurable" because of the growing AIDS pandemic.

He pointed out that the average premiums for people with normal health risks were R[rand]300 annually.

If the assurance companies would be willing to underwrite people who had tested HIV-positive, their premiums would be R5,000, and people with full-blown AIDS-related diseases would have to pay at least R45,000 annually, he said.

South Africa's life assurance industry had developed a voluntary policy on AIDS testing when underwriting

new policies. Applicants had the choice of being tested for the HIV-virus, or accepting an AIDS-exclusion clause in their policies without blood tests.

Mr. Marais noted that since 1984, there have only been 165 AIDS-related claims on life assurance policies countrywide—but warned this was the tip of the iceberg.

The majority of existing policies—64 percent—were issued since 1984 to young people before the industry knew that AIDS could develop into such a big health risk for this age group.

"Insurance companies must stand by the promises in such policies and pay out, including on AIDS claims," he noted.

Mr. Marais did not, however, believe there was any risk of insolvencies among insurance companies, as they had made provisions for the AIDS projections in South Africa.

Sanlam had created a R200 million fund to pay future claims on existing policy holders, and other major companies had taken similar precautions, he said.

Study Questions 'Doomsday' AIDS Predictions

MB2711165091 Johannesburg SAPA in English
1533 GMT 27 Nov 91

[SAPA PR Wire Service issued by: Bill Paterson (Pty) Ltd, Johannesburg 27 November 1991]

[Text] Announcing today's publication of a research study on the imminent AIDS epidemic by the Centre for Health Policy, Department of Community Health at Wits [Witwatersrand] University Medical School, Mr. Cedric de Beer said that while the South African economy would be adversely affected by the AIDS epidemic, it would not be disastrous.

He said that the price of gold, levels of political violence and the success of constitutional negotiations were all likely to have as great, or greater, effect on the economic future of the country. Mr. de Beer is director of the centre.

Qualifying his conclusion, he said that it was nevertheless difficult to quantify the demands on the welfare system for support, especially for children orphaned by the epidemic. Lost productivity caused by the withdrawal of labour by people forced to stay home and care for AIDS patients and losses from the seldom-computed informal sector would all have negative effects on the economy.

A report based on research done in collaboration with Dr. Malcolm Steinberg of the Medical Research Council and Peter Doyle, an actuary at Metropolitan Life, has been prepared to dispel three myths about AIDS that have developed.

Mr. de Beer said that recognition of the tragedy and the need to develop realistic steps to minimise its impact and scope were being undermined by a continuing stream of doomsday predictions based on a combination of bad research and outright misrepresentation.

Barring a miracle however, the spread of the disease was going to be a major tragedy. Millions of people were going to die and health and welfare services would be stretched to the limit. The three common errors or myths that clouded perceptions of the coming AIDS epidemic were:

Error No. 1: The "Doubling-Time"

In any epidemic, the doubling-time was the length of time it took for the number of infected people to double. At the beginning of 1990 the doubling-time for the AIDS epidemic was calculated as being 8.5 months.

The error made by many analysts was to project this indefinitely into the future. A prediction was widely published that from a base of 100,000 HIV people in 1991, the number of people infected would be 12.8 million by 1995.

The truth was that as any epidemic progressed, so the doubling-time increased, said De Beer. Already it must have lengthened, although it was probably still less than twelve months. Mr. Cedric de Beer said that the centre predicted that by 1995 the doubling time would be about 36 months. The effect of this lengthening of the doubling-time on the total number of people infected was dramatic. Thus it could be expected that by the year 1995, slightly less than one million people would have been infected.

It is from this cardinal error, that most of the other inaccuracies have flowed.

Error No. 2: "There Is No Limit to the Spread of AIDS"

Mr. de Beer said that the doubling-time error created the impression that quite soon practically the whole population would be infected. The reality was bad enough, but not quite so disastrous.

The epidemic would reach a steady state when the groups most at risk were saturated and the number of people newly infected equalled the number of people dying of AIDS. According to the centre's projections:

I. If there was no change in sexual behaviour, then the epidemic would reach a plateau in about 2010. At that stage about 27 percent of the adult population would be infected. This appeared to be the likely upper limit.

II. Evidence from around the world showed that some change in sexual behaviour occurred once a significant number of people began to die from AIDS. This should begin to occur in 1995. If this predicted change of

behaviour occurred, the epidemic curve would reach its plateau in the year 2005, with about 18 percent of the adult population infected.

Error No. 3: "South Africa's Population Will Decline Dramatically"

A public health official has been quoted as saying South Africa's population would be reduced to a quarter of its present size by the year 2010.

Again, this error had been built on the two previous errors, said Mr. de Beer. Because the epidemic spread more slowly than some predicted, and because there is an upper limit to its spread, the impact on the total population would not be as dramatic as some believed.

The evidence was that the population would continue to grow, although more slowly than it would have without the AIDS epidemic?

If there was no change in sexual behaviour the rate of population growth would be reduced to about 1.2 percent per year by 2010. With the expected change of behaviour in the mid 1990's the population would continue to grow at about 1.7 percent per year. (These figures reflected the impact of the epidemic assuming the fertility rate remained constant. There were, however, other variables which could affect the population growth rate, De Beer cautioned.)

A realistic estimate was that in the year 2005 the population would be approximately 50 percent greater than the population in the year 1985 (53 million in 2005 compared with 32 million in 1985).

Likely-Course-of-the-Epidemic

A conservative model projection indicated that, in the year 2000, between 3.7 million and 4.1 million South Africans will have been infected with the AIDS virus. That year, about 200,000 people would die of AIDS, bringing the total number of deaths to 600,000 by the turn of the century.

Five years later, the total number of deaths would increase to between 2.3 million and 2.6 million. The reason for this sudden increase was that the period between being infected and dying of AIDS was about 8.5 years. Thus, although hundreds of thousands would be infected by 1995, it would take about another ten years before the number of deaths began to reflect such a high rate of infection.

Mr. de Beer said that the true figures were sufficiently frightening

Impact-on-the-Health-Service

Mr. de Beer said that South Africa's health service was at present unable to provide adequately for the health care needs of the whole population. The effect of hundreds of thousands, and later of millions of AIDS-sick patients presenting themselves for treatment was devastating.

The centre's estimate of the effect of the epidemic on the health care system was made making various assumptions, among the most important of which were that:

- I. Expenditure on health care would grow by 2.5 percent per annum.
- II. Only about 50 percent of people with AIDS would use the health service.
- III. The present balance between private and public health care would be maintained, but the relative cost of private care would increase more rapidly.
- IV. Those AIDS patients who presented to the health service in need of hospital care would receive such care.

By the year 2005 the total cost of the epidemic to the health service could be as high as R[rand]18 billion (in 1991 rands). This would be about 75 percent of all expenditure on health care. Even on a substantially lower calculation of hospital costs the epidemic would consume about 34 percent of all funds available for health care.

Such figures were alarming and pointed to the need for the health services to develop strategies to cope with the epidemic so as to provide adequate care also to those people who were not AIDS patients.

Impact-on-the-Economy

The economic cost of the epidemic was particularly difficult to quantify, said De Beer, there being a number of components:

1) Lost Productivity

Although by 2005 the number of working years lost ran into millions, the cost to the economy was quite small, by the centre's calculations between 1 percent and 1.5 percent of GNP [gross national product]. The relatively low loss of earnings was explained by two factors:

- The high unemployment rate, which meant that many of those dying would not be formally earning an income.
- The present massive inequalities in South Africa, which meant that the death of thousands of wage earners signified relatively little in terms of lost income.

2) The Health Care Costs

It was possible that the epidemic would result in increasing allocations of the GNP to health care. Although such transfer payments to health care would not be lost to the economy, they would result in less productive use. The long-term economic effects of such growth in health care expenditure was unpredictable.

3) Ill-Defined Costs

The epidemic might extract a range of other costs from the economy, difficult to quantify.

Mr. de Beer said that the AIDS epidemic demanded answers to such questions as:

- How to provide humane and high quality support for those who were already infected and for those infected in the future.
- How to change sexual behaviour and attitudes.
- Whether there were any particular health service interventions which could slow the spread of the disease.
- How the health service could improve the quality of health care for the majority of South Africans while meeting this new challenge. Issued on behalf of:

The Centre for Health Policy,

Department of Community Health,

University of the Witwatersrand Medical School

7 York Road, Parktown, Johannesburg

Health Official Says AIDS 'Gaining Momentum'

*MB3011181491 Umtata Capital Radio in English
1500 GMT 30 Nov 91*

[Text] Health officials say HIV infection and AIDS are now firmly established in the Johannesburg community.

Dr. Clive Evian of the Johannesburg City Health AIDS Prevention Program says Johannesburg residents who have tested positive for the AIDS virus could easily fill Ellis Park stadium. He says the epidemic is gaining momentum at a rapid and alarming rate. But Evian says the good news is that the private and public sectors are developing AIDS programs, and a number of nongovernmental organizations have been established to create AIDS awareness.

However, despite these encouraging signs, schools have not yet instituted meaningful AIDS programs. Evian says there has been disappointing response from the education departments who have a major role to play in fighting the deadly disease.

Official Says 120,000-180,000 Infected With AIDS in Country

*MB0112080491 Johannesburg South African Broadcasting Corporation Network in English
0600 GMT 1 Dec 91*

[Text] A spokesman for Johannesburg's City Health AIDS Prevention Program, Dr. Clive Evian, has said that about a quarter of all South Africans infected with the AIDS virus were from Johannesburg. Speaking at a symposium to mark World AIDS Day, he said it was

estimated that there were between 120,000 and 180,000 people in the country infected with the AIDS virus.

Dr. Evian said that Johannesburg residents who had tested positive could easily fill the Ellis Park Rugby Stadium. He said that with the present high rate in the increase of numbers, by the end of next year people who tested AIDS positive would fill both the Ellis Park and the Soccer City Stadiums.

SWAZILAND

Health Ministry Says Official AIDS Figures Too Low

MB2610112291 Mbabane WEEKEND OBSERVER in English 26 Oct 91 p 9

[Article by OBSERVER reporter]

[Text] Twenty-nine people in Swaziland had died of AIDS-related causes by the end of September, according to the latest official figures. Health workers privately concede the true figure may be much higher.

The latest three deaths were recorded between July and September—one of them a 24-year-old male whom health authorities believe must have been infected with the HIV virus when he was a teenager.

Official figures compiled by the Swaziland National AIDS Prevention and Control Programme are considered by even the Ministry of Health as representing only the "tip of an iceberg." A Health Ministry statement commenting on the latest figures notes that efforts are being made to improve on the reporting of AIDS cases.

The latest figures record 26 new cases of full-blown AIDS in the September quarter, 16 male and 10 female. Of these three have already died. There were therefore 42 known cases of full-blown AIDS in Swaziland at the end of September. Some of those people may have since died.

Blood screened for AIDS during the reporting period revealed 32 new cases of HIV positive from 1,220 samples. In all, 236 people tested HIV positive during the quarter, including the 32 blood donors.

The total of officially recorded HIV positive persons in Swaziland at the end of September stands at 634. But the Ministry of Health is concerned that reporting of AIDS cases (and HIV positive) are not truly reflected in the statistics kept since the introduction of the AIDS prevention and control programme.

Dr. John Mbambo, Director of Health Services, noted in a statement that the new epidemiology unit in the ministry was endeavouring to improve the reporting of AIDS cases "so that the actual magnitude of the AIDS situation can be assessed."

"Even these new figures represent the tip of the iceberg", he said, adding they would have "to be adjusted for proper planning for future services."

Dr. Mbambo noted that a priority in the development of a sound AIDS control strategy was to adopt a community approach. This approach is designed to develop stronger links between primary health care and the community, the objective being largely "to support the growing number of AIDS patients."

"The community-based or home-based care of patients has not been introduced in a number of African countries and is highly acceptable and, in the absence of an AIDS cure, offers hope for the individuals, families and communities."

UK Donates One Million Emalangeni for AIDS Control

MB2911163091 Mbabane THE SWAZI OBSERVER in English 29 Nov 91 pp 1, 9

[Report by Sandile Ntshakala: "UK gives E[emalangeni]1m [million] for AIDS control"]

[Text] Britain has donated about E[emalangeni]1 million towards the prevention and control of AIDS in the country.

The money was received by the World Health Organisation (WHO) in Swaziland and was released through WHO's AID/HIV Trust Fund for the country.

A statement issued by the Overseas Development Administration Office (ODA) for Southern Africa based in Malawi said the United Kingdom government supports the Swaziland government and WHO in their implementation of the Medium Term Plan (MTP) for the prevention and control of HIV and AIDS in the country.

"The Overseas Development Administration of the United Kingdom continues to support WHO in its workable strategy against AIDS and has committed E45.5 million towards the core budget of the global programme on AIDS.

"An additional E18 million has been pledged for multi-bi-funding. The British government has also contributed to the European Community's AIDS programme for developing countries in excess of E5 million in grants for over six years and has given grants to the International Planned Parenthood Federation to help family planning association develop their AIDS related work."

Another E7m has been committed by ODA so far to support research into demographic, social and economic aspects on AIDS in the developing world.

Swazis can make maximum use of training awards available within the ODA Technical Cooperation Training Programme for AIDS related training.

Applications to getting these study awards should be made by the Ministry of Health within the content of the British government's Scholarship Award Programme.

To make sure that the AIDS prevention and control programme is effective, ODA will closely monitor issues such as:

- Recruiting of both local and international staff to help strengthen the implementation of the medium term plan.
- The quality, extent and impact of management advice given by GPA, Geneva.
- The composition and work of the AIDS Task Force and the process of planning and implementation of the review of the second year of the Medium Term Plan (MTP).
- The development of an effective financial management reporting and review of the MTP, and to receive progress reports through the Development Division in Malawi.

Hospital Official Updates AIDS Statistics

MB3011091091 Mbabane THE SWAZI NEWS
in English 30 Nov 91 p 1

[Article by Banele Ginindza]

[Text] Twenty-nine people have died of AIDS and 79 more, mostly men, are full blown sufferers of the disease.

The deaths are nine up from last month while the sick victims are 56 more than they were in October.

This terrifying state of affairs was stated yesterday by Administrator of the Mbabane Government Hospital Miss Dudu Mbali during the launch of a National AIDS Awareness Day at the Endzingeni Inkundla [Traditional Community Council].

She said the number includes small children and school children. "The AIDS pandemic is far more than just a medical challenge, it is also a social and economic challenge and therefore demands response from different government departments besides health" she said.

She said unborn children contract the disease from their mothers and do not reach the age of five. "We should be aware that AIDS is a dangerously divisive virus.

"Loneliness and fear of prejudice are common themes running through all the testimonies of people with HIV infection or AIDS or of those close to them" she said.

She said the psychological impact of the disease is causing cracks along the ancient faultlines in society, drawing attention to long standing inequalities between the races, sexes, social classes and countries of the world.

"For example, prostitutes in some countries have been singled out as a public health risk but not their clients" said Miss Mbali.

"In addition insensitive researchers from Western countries continue to make flying visits to areas of Africa

badly cut by AIDS to gather material for their own purposes without sharing their expertise or results" she said.

She said worldwide, an average of 5,000 people are infected with the diseases per day.

Miss Mbali said the World Health Organisation (WHO) projection of people to be HIV positive by the year 2000 is 30 to 40 million.

She said among these will be the young and middle aged whose deaths will rob society of many productive members, that is farmers, teachers, politicians, businessmen and people from all walks of life.

TANZANIA

Seventy Dead From AIDS This Year in Kilimanjaro

EA2011195091 Dar es Salaam Radio Tanzania
External Service in English 1600 GMT 19 Nov 91

[Excerpt] Moshi—The killer disease AIDS has claimed a total of 70 lives in Kilimanjaro region from January to June this year. The regional AIDS control coordinator, Mr. Richard Latia, said there were 159 reported AIDS cases in the region by June this year. [passage omitted]

AIDS Said 'Big Problem' in Arusha

AB2011181091 Dar es Salaam Radio Tanzania
External Service in English 0400 GMT 20 Nov 91

[Text] Arusha—A total of 27,500 residents of Arusha district are said to be infected by the killer disease AIDS. Arusha district administrative officer Ndugu [Sister] Anna Ngowi said AIDS was becoming a big problem in the district, and there are 550 recorded patients since the disease broke out in the district in 1986. Records available show that 36 people have died of AIDS since 1986. Ndugu Ngowi was addressing an AIDS control seminar attended by religious leaders, businessmen, and government officials. She said that Arusha municipality with a population of 134,708, increasing by seven percent annually, is projected to have 17,875 patients and 8,900...[announcer corrects himself] 893,750 people with HIV (infection) by the end of the year 2000.

UGANDA

Bishops Reject Condom Use Against AIDS

92WE0051C Kampala THE NEW VISION in English
28 Aug 91 pp 1, 16

[Article by James Kigozi and Michael Sentongo: "Bishops Reject Condoms"]

[Text] Church of Uganda Bishops meeting at Bishop Tucker Theological College in Mukono for a five-day AIDS prevention leadership conference, have protested

to the Minister of Health about the promotional campaign for the use of condoms as a shield against AIDS. The Bishops are arguing that promotion of condom use will aggravate immorality among the youth who are the major targets of the campaign.

The debate was sparked off by Bishop Misaeri Kawuma of Namirembe when he told the Minister of Health, Dr. James Makumbi, who was guest of honour at the opening of the conference, that the Radio Uganda AIDS campaign programmes which advocate condom use are bound to be misunderstood by the youth. Bishop Kawuma warned that the youth are likely to think that the programme is giving them a merry go ahead with sexual immorality.

He also said that while on a tour in western Uganda recently, some listeners also complained to him about the same programmes. He said, that the programmes are alien to African traditions which in the past kept the standard of morals intact, amidst murmurs of approval from other Bishops and clergy who are attending the seminar.

"The ministry should emphasise the betterment of morals but not to go out and tell young people to use condoms," cried Kawuma who added that listeners are also offended by the programmes.

Responding to the complaint Dr. James Makumbi explained that the Ministry's promotion of condom use in the AIDS control programme is not aimed at immorality, but it is out of desperation because the ministry is looking for any method which can help reduce the risk of spreading the disease. "This congregation is expected to come up with some more feasible strategy to combat the disease while safeguarding the morals," the minister challenged.

He said that the church is a good instrument to mobilise the people against the spread of AIDS, saying it can exert influence on the people with a view of changing their sexual behaviour and can play a major counselling role for the affected families.

Earlier, the Archbishop of the Church of Uganda, the Rt. Rev. Yona Okoth said there is the need for change in traditions "including our christian traditions so that we save life."

Rt. Rev. Yona Okoth paid tribute to Father John Lathrop from the Diocese of Los Angeles in USA, the United States Agency for International Development (USAID) for sponsoring the conference.

AIDS Control Program Releases Statistics

92WE0051A Kampala *THE NEW VISION* in English
6 Sep 91 p 10

[Article by James Kigozi: "AIDS Control Programme Releases AIDS Statistics"]

[Text] A total of 21,719 AIDS cases for both adults and children was reported to the AIDS Control Programme

(ACP) in 1990. Of these, 19,663 were adults aged 12 years and above and 2,056 were children aged 11 years and below, according to the situational summary report on AIDS in Uganda published in the AIDS Surveillance Report, Fourth Quarter of 1990 by the ACP.

The report says that information on AIDS cases by district of residence indicate that every district has had at least a clinical case of AIDS with Kampala leading with 5,764 cases followed by Masaka with 3,546 cases.

However, independent sources within the ACP said that the statistics for AIDS cases in all areas are much higher than these, adding that a big number of cases are still in the incubation stages while several hundreds are never reported to hospitals.

Out of the 19,663 adult cases presented in the report, 13,004 (66.13 percent) meet the Uganda Modified clinical case definition and 4,969 (25.27 percent) belong to the symptomatic HIV infected group, normally confirmed by laboratory test; 1,350 cases were reported prior to the establishment of a systematic AIDS surveillance system, the report says.

Out of the 19,663 adult cases, 14,643 (74.47 percent) had serum drawn and were all positive for HIV-1 antibodies by the ELISA machine. Of these, 49.79 percent were male and 50.21 percent were female. The average age of all adult cases was 29.71 years, while that for males was 32.01 and females 27.35 years, the report says.

On average, males are older than females. The report adds that 33.47 percent of the cases were in-patient and 37.26 percent were out-patient while the remaining 29.27 percent did not have their status recorded.

The same report further reveals that a total of 2,056 paediatric cases aged between one and 11 years were reported. Of these, 887 (43.14 percent) met the provisional World Health Organisation's (WHO) clinical definition for paediatric AIDS in Africa and 1,157 (56.27 percent) were symptomatic and HIV seropositive. The rest were reported prior to the establishment of systematic AIDS surveillance.

Museveni on Threat to National Goals From AIDS

AB2311095591 Kampala Radio Uganda Network
in English 1700 GMT 20 Nov 91

[Text] President Yoweri Museveni has warned that the growing devastation of a range of national aspirations by AIDS is very real unless something is done quickly. He told an AIDS congress attended by physicians from East and Central Africa in Kampala today, that apocalyptic visions of the virtual destruction of much of Africa may be unwarranted but the growing devastation of a range of national aspirations is very real unless something is done quickly. The challenge to you, as doctors, he told the

congress, should be one of alternative strategies of management of the patients. He said Uganda and Africa's forests and savannas still conserve the largest variety of plants and animal life, which are potential stores of national chemotherapeutics for AIDS and other diseases. He said in Uganda, the government has embarked on research on these, and he called for international collaboration. He stressed that ultimately we shall depend on the concerted efforts of scientists in their various disciplines to lead us out of what he called this dark abyss. President Museveni again emphasized the need for a return to our time-tested cultural practices which emphasize fidelity and condemnation of premarital or extramarital sex. I believe, he declared, that the best response to the threat posed by AIDS and other sexually transmitted diseases is to reaffirm publicly and forthrightly the reverence, respect, and responsibility every person owes to his or her partner. He said young people must be taught the virtue of abstinence, self-control, postponement of pleasure, and sometimes sacrifice. Mr. Museveni once again discouraged the use of condoms by everybody. In countries like ours, where a mother often has to walk twenty miles to get an aspirin for her sick child or five miles to get any water at all, he said, the practical questions of getting a constant supply of condoms or using them properly may never be resolved. I feel, he explained, condoms have a role to play as a means of contraception, especially in couples who are HIV-positive, but condoms cannot be the main means of stemming the tide of AIDS. The president expressed concern about the effects of AIDS to the economy and social life of the country. He said AIDS is posing a threat to the current levels of agricultural production, especially as the agricultural activities are

labor-intensive. This, he said, will affect coffee production by small holders, which accounts for over 90 percent of the country's export earnings. He warned that this reduction will cause more economic strain, especially when the coffee prices are not favorable.

ZIMBABWE

Deaths From AIDS-Related Diseases Between Apr-Jun

*MB2511185491 Johannesburg SAPA in English
1702 GMT 25 Nov 91*

[Text] Mutare Nov 25 SAPA—A total of 153 people in Manicaland died of AIDS-related causes between April and June this year, the ZIANA news agency reported on Monday.

Provincial Health Education Officer Samuel Tsoka said people in and around Mutare failed to appreciate the seriousness of the disease.

In a programme, coinciding with world AIDS week which began on November 24, Zimbabwean health workers are visiting local industries and schools to highlight the dangers of the disease.

"AIDS is the greatest challenge facing humanity and every member of the community is being urged to get involved in the fight against it by informing families and friends," said Mr. Tsoka.

"AIDS is still under-estimated and unappreciated for the killer it is."

First AIDS Counselling Clinic Opens 28 Nov
HK3011054691 Beijing CHINA DAILY in English
30 Nov 91 p 3

[Article by staff reporter Hong Xia: "AIDS clinic established to educate and counsel"]

[Text] "Will a person probably be infected with AIDS if he or she is bitten by mosquitoes?"

This question was raised anxiously by a woman at Beijing's first AIDS counselling clinic when it opened to the public on Thursday.

The clinic received two telephone calls and four visits in the first two days after it was open, said its administrator, Yang Guanglu, a member of Experts Counselling Committee on Venereal Diseases with the Ministry of Public Health.

Statistics released by the World Health Organization (WHO) showed that of the eight to 10 million HIV carriers worldwide, 1.5 million have developed AIDS.

The number continues to grow, and although China is among the countries with the lowest number of reported AIDS cases worldwide, it is certainly still a country at risk.

According to the Ministry of Public Health, 493 people in China tested HIV positive and five had AIDS between 1985 to 1990. Eighty-three of the 493 and three of the AIDS patients were foreign.

However, many people in China remain ignorant about AIDS and some lack even common knowledge, such as how the disease is transmitted, Yang pointed out.

So it is imperative to educate more people as soon as possible.

The clinic aims to help disseminate accurate information about AIDS through literature and counselling on its transmission, symptoms and prevention, Yang said.

The clinic will also offer testing and treatment for AIDS and venereal diseases. Visitors to the clinic are guaranteed anonymity; their names, addresses and medical records will be strictly confidential, Yang said.

"We also hope some people's hazardous behaviour can be transformed as a result of the counselling, but we will never force anyone to do anything," he added.

The clinic is located in You'an Hospital, opposite the Grand View Garden, in Fengtai District.

Besides Yang, six other experts will offer AIDS counselling from 8 am to 3 pm except on Sundays. People with questions can also call the clinic at 3291114, extensions 215 and 217.

Further on Public Health Ministry, AIDS Virus
OW3011163691 Beijing XINHUA in English
1447 GMT 30 Nov 91

[Text] Beijing, November 30 (XINHUA)—China discovered 122 people infected with the AIDS virus in the first 11 months of this year, after conducting serum tests among more than 300,000 people, according to Chen Minzhang, minister of public health.

As tomorrow is "World AIDS Day", a forum was held today by China's Public Health Ministry to report on the AIDS situation in China and seek ways to combat the disease.

According to the minister, since 1985 some 615 AIDS cases have been reported in the country, eight of these were AIDS patients and the others were cases of people infected with the human immunodeficiency virus (HIV) which causes AIDS. Only three of these cases involved Chinese citizens.

It is reported that most of these newly-found cases involve people in China's southwestern area who have been infected with HIV as a result of drug injections and people in coastal areas who have returned from abroad after visiting relatives and friends. The patients also include prostitutes and venereal disease patients in China's big cities.

The spread of AIDS in China is by way of sexual relations or blood products injections, no mother-infant infection cases have been reported in China so far.

Heilongjiang Reports Work of AIDS Monitoring Center

SK0212044191 Harbin Heilongjiang People's Radio Network in Mandarin 1000 GMT 1 Dec 91

[Text] Heilongjiang has achieved notable results in preventing and controlling AIDS. No HIV carrier had been discovered in the province as of 25 November.

Since its founding in 1988, the Heilongjiang AIDS Monitoring and Examination Center has invested 50,000 yuan to conduct physical checkups for the group of highly endangered people in the province. More than 4,000 samples of blood serum have been checked so far, and files have been established for the people who had the physical checkups.

In line with the requirements of the Ministry of Public Health, this center has also conducted strict examination on the blood products imported by the medical departments at all levels throughout the province, thus effectively controlling the major channel for spreading AIDS.

AUSTRALIA

HIV Virus Carriers Estimated At 'More Than 15,000'

*BK0112065091 Melbourne Radio Australia in English
0500 GMT 1 Dec 91*

[Text] World AIDS Day is being marked today with thousands of events including benefit concerts, parades, exhibitions, and conferences. The World Health Organization estimates that by the end of the century 18 million people will have developed the disease—a tenfold increase on the current number.

The Australian Federation of AIDS organizations says while the community cannot afford complacency, advances in the treatment of the disease now allow for a measure of hope.

More than 1,800 people have died of AIDS in Australia over the past decade and more than 15,000 people are carrying the HIV virus.

CAMBODIA

Health Ministry Reports Two AIDS Cases

*BK2111080891 Phnom Penh SPK in French 0334 GMT
21 Nov 91*

[Text] Phnom Penh 21 Nov (SPK)—Tests carried out on 2,500 blood donors over the past seven months have revealed two positive AIDS cases, announced the Health Ministry.

A committee for the fight against AIDS has been set up with the cooperation of the WHO, adds the Ministry which specifies that another AIDS Center will be set up at the Tuol Sangke dispensary in Phnom Penh.

The anti-AIDS committee is called upon to disseminate preventive measures against the disease, track down suspected affected persons, and train health staff specialized in the matter.

HONG KONG

AIDS Incidence Among Homosexuals Rises

*92WE0119A Hong Kong THE HONGKONG
STANDARD in English 25 Sep 91 p 4*

[Article by Ursula Yeung]

[Text] The chances of homosexuals contracting the AIDS virus has doubled over the past three years, according to statistics of the government AIDS Counselling and Health Education Service.

Between 1985 when the service began to provide HIV screening tests and 1988, 2.3 percent of the homosexuals who received the test were found to be infected. Over the

past three years the figure has risen to 4.1, said Dr. Patrick Li, head of the service.

The service has so far identified 13 AIDS carriers, about 3 percent, among the 447 homosexuals tested, he said.

"It means that with an estimated homosexual population of 200,000 in Hongkong, about 6,000 of them would be HIV infected," said Dr. Li.

Although not all homosexuals in the territory would approach the service for assistance, the statistics collected had shown an increasing risk of infection among homosexuals, he said.

Dr. Li said two more AIDS patients, one of whom was a homosexual, have been identified this month bringing the total number of AIDS patients found in the territory so far to 56.

The number of HIV carriers has also increased by five to 189 and four of the five were homosexuals, he added.

Dr. Li said the service has not recorded a rise in the number of homosexuals coming forward for AIDS virus test since the recent decriminalisation of homosexual activities in the territory.

"It showed that fear of prosecution may not be the only reason for homosexuals' failure to come forward for AIDS virus test," he said.

Their hesitance might have resulted from the relief that there is no cure for the disease and fear of discrimination by friends and co-workers, he said.

KIRIBATI

WHO Consultant Commends National Anti-AIDS Plan

*BK2511075491 Melbourne Radio Australia in English
0500 GMT 25 Nov 91*

[Text] Kiribati has been commended for the excellence of its national plan to combat the spread of the AIDS disease. The commendation has come from the World Health Organization's consultant on surveillance of diseases, Dr. Donald Goodwin, who is in Tarawa to review Kiribati's AIDS plan.

Dr. Goodwin said the plan adopted in 1989 stresses the importance of health education and the routine monitoring of blood donors. So far, two Kiribati people have been confirmed as suffering from AIDS. Dr. Goodwin says he will make special recommendations to the Kiribati health ministry on strengthening the anti-AIDS campaign, adding that people should practice safe sex to avoid contracting the disease.

SOUTH KOREA

More AIDS Cases Brings Total to 167

BK3011032491 Seoul YONHAP in English 0250 GMT 30 Nov 91

[Text] Seoul, Nov. 30 (YONHAP)—Five people were found to be infected with the virus that causes AIDS in November, increasing to 167 the number of Koreans who are HIV positive, the Health and Social Affairs Ministry said Saturday.

Of the 167, 15 have died, one is overseas and eight have full-blown AIDS (acquired immuno-deficiency syndrome).

The ministry said 80 people (48 percent) were infected through unsafe sex with foreigners in foreign countries, 14 through unsafe sex with foreigners in Korea, 57 through unsafe sex with Koreans in Korea and 16 from blood transfusions.

It said 79 had worked abroad, 144 are men, and 23 are women. Only 15 are homosexuals and none are intravenous drug abusers.

MALAYSIA

Over 300 HIV Carriers Discovered Monthly

BK1111040391 Kuala Lumpur NEW STRaits TIMES in English 8 Nov 91 p 10

[Text] Serdang, Thurs.—The number of human-immunovirus (HIV) carriers in the country has increased by more than 300 a month over the past two months and the situation is "quite alarming," Health Minister Datuk Lee Kim Sai said tonight.

As at the end of October, 2,087 people have been confirmed to have contracted the virus compared with 1,365 and 1,715 at the end of August and September respectively.

"The rapid increase is quite alarming and the situation if left unchecked will pose a serious threat to the nation," he told reporters after opening a three-day AIDS Forum and Exhibition in Seri Kembangan here.

The carriers were detected following extensive blood screening carried out by the Ministry on three target groups—dadah [drug] addicts, prisoners and prostitutes. Ninety percent of those confirmed as HIV carriers were dadah addicts.

The HIV causes the deadly Acquired Immune Deficiency Syndrome disease.

Datuk Lee said the number of foreign women involved in vice activities found with the virus was also on the increase. Last month, 30 out of 39 women confirmed as carriers of HIV were foreigners.

He appealed to the public to report any vice activity to the police to help curb the spread of the disease.

"Although not much can be done for those who have been infected by HIV, we want to ensure those who have not been infected will always be free from the virus."

Earlier, he said the people should be informed and educated on the dangers of AIDS.

"The Government regards the threat posed by the disease as critical to the nation's socio-economic structure," Datuk Lee said.

Thirty-three AIDS Cases, 2,087 HIV Carriers Detected by Oct

BK2611141291 Kuala Lumpur Radio Malaysia Network in English 1330 GMT 26 Nov 91

[Text] Dewan Rakyat [House of Representatives] was told the government will continue to protect the identities of AIDS patients to safeguard the interests of family members. Deputy Health Minister Encik [Mr.] Mohamed Farid Ariffin said it was feared that if the identities were known, the patients and the family members might be shunned by society.

Winding up the debate on the budget and replying to points raised affecting his ministry, he said there was no specific policy to isolate AIDS patients from society. He told the House that as long as society is not open-minded about the disease, the government will continue not to reveal the names of AIDS patients. He said that up to October this year 33 AIDS cases and 2,087 HIV carriers were detected in the country.

THAILAND

Chiang Mai AIDS Update

92WE0006E Bangkok SIAM RAT in Thai 24 Aug 91 pp 1, 16

[Excerpt] [passage omitted] Dr. Wichan Withayasai, an expert in the AIDS field who works at the Maharat Hospital in Chiang Mai City, discussed the AIDS situation in Chiang Mai. He said that to date, 21 people have full-blown cases of AIDS, and another 5,000 have contracted the virus but do not yet show any symptoms. These figures are based on people who have been tested. The actual number may be even higher, because it is impossible to check everyone. The incidence of AIDS in the north is one of the highest in the country. The above figures were not obtained from a sample. Rather, they are based on the figures reported to provincial officials by hospitals throughout Chiang Mai. At the Chiang Mai City Hospital, there are 100 people with full-blown cases of AIDS. [as published] Officials are now considering how to clear and prove this.

Dr. Wichan said that the reason why the rate of AIDS infection has increased so rapidly in Chiang Mai is that Chiang Mai is a rather small province. And when people

talk about Chiang Mai, they are referring mainly to Muang District, which is filled with well-known tourist spots such as Kamphaengdin, Santitham, and Ton Pho. People with a little money like to visit these spots. As a result, the rate of infection has increased very quickly. There are also many other spots such as coffee shops and massage parlors. Thus, the statistics have skyrocketed. But we can't blame anyone, because the prostitutes contract the AIDS virus from men.

"This virus was first spread by foreign tourists who visited Chiang Mai and who used narcotics. Initially, the disease was found only among homosexuals. But now, AIDS is prevalent among Thai prostitutes. The figures for the nation as a whole are very alarming. In the upper north, about 50 percent of the prostitutes have the AIDS virus. Thus, the disease is now being spread by Thais. And Thais have now infected many foreigners," said Dr. Wichan.

Dr. Wichan said that the reason why many prostitutes have this disease is that many men like to use their services. Thus, it will be difficult to solve this problem unless we provide correct information in order to persuade men to stop visiting prostitutes. But if they still want to do so, they should use a condom. Today's figures are very alarming. The figures show that only 4 percent of the Thai men in the city have the virus while 14 percent of the men in rural areas have the virus.

On 22 August, the National Blood Center of the Thai Red Cross held a seminar on "Teachers Must Know About AIDS and the Donation of Blood." Instructors from vocational education institutes attended the seminar. Dr. Siwilai Tanprasoet, the deputy director of the National Blood Center and one of the experts at the seminar, said that the spread of AIDS is no longer confined to a particular group. This disease is spreading among all groups, particularly among the nation's youths, including students. The rate of AIDS infection among students has increased greatly, with the rate now at 0.3 percent. [passage omitted]

AIDS in Army Recruits, Survey on Sex Practices 92WE0006D Bangkok BAN MUANG in Thai 26 Aug 91 pp 1, 20

[Excerpt] [passage omitted] Dr. Wirasit Sithhitrai, the deputy director of the Thai Red Cross AIDS Program, said that a study entitled "The Incidence of AIDS and Sexual Practices of 21-Year-Old Thai Men in the North" was conducted by the 3d Army Region in cooperation with the Thai Red Cross. It was found that 10.3 percent of the new recruits in the north had the AIDS virus. This is a very high rate of incidence, because the rate of infection among recruits nationwide is only 2 percent.

This study showed that more than half of those in the sample had sex when they were 13-16 years old. The first sexual encounter of 73.4 percent of these men was with a prostitute. Only 2 percent were virgins when they got married. The others had had sex for the first time with

other women besides a prostitute or their wife. It was found that 97 percent of the men in the sample had had sex with a prostitute. Of these, only 40 percent used a condom. And most of the men had had sex with prostitutes who charged between 50 and 100 baht.

Dr. Wirasit said that 21.7 percent of these Thai men had had sex with young girls, most of whom were 12 or 13 years old. It was also found that 39.1 percent of these men had had sex with female students. The places used most frequently for having sex were, in order, in a dormitory, at home, at school, in a public park, on the school grounds, in a school bathroom, and in a classroom. Almost 10 percent of those sampled had had sex on school grounds, particularly on evenings during school functions or in the evening after school. It was also found that 4.6 percent of the men in the sample had raped a girl.

Dr. Wirasit said that the AIDS situation in the north is very alarming. It was found that approximately 70 percent of the prostitutes there have the AIDS virus, and 30 percent of the men who had been checked for a venereal disease have the virus.

This study was conducted among 21-year-old Thai men from the north who had reported for induction (three groups of new recruits) within the 3d Army Region. That is, the study was conducted among the 944 men who reported for induction in November 1989, among the 3,066 men who reported for induction in May 1990, and among the 3,334 men who reported for induction in November 1990.

The state must implement urgent measures to control the spread of AIDS in the north. That is, it must give rewards or fines to the owners of brothels. The provincial public health officials, the provincial governors, and the police must work together to encourage the owners of the brothels to have their employees use condoms every time they have sex. Prostitutes should have sex only with men who use a condom.

"Education alone will not quickly change people's behavior. To change people's behavior, steps must be taken that will encourage the desired behavior. This is a very complex matter. This will take time, and we may not be able to keep up with the spread of AIDS. Thus, we must implement urgent measures in order to solve this problem," said the deputy director of the Thai Red Cross AIDS Program.

Singburi AIDS Infection Rate Increases 92WE0006C Bangkok THAI RAT in Thai 30 Aug 91 p 11

[Excerpt] Dr. Somchai Wirikanokwilai, the Singburi provincial public health officer, said that based on the efforts to monitor and control AIDS among people in the at-risk groups in Singburi Province during the period 1988 to 1991, it has been found that the spread of AIDS

from having sexual relations, particularly with prostitutes, has increased each year. During the period June to December, it was found that the AIDS infection rate among prostitutes increased from 12.36 percent to 20.73 percent. Only 41.56 percent of the men used condoms. [passage omitted]

Chiang Rai AIDS Update

*92WE0006B Bangkok SIAM RAT in Thai 4 Sep 91
pp 1, 16*

[Excerpt] [passage omitted] Dr. Suphachai Saison, the Chiang Rai provincial health officer, talked about the AIDS situation in Chiang Rai Province. He said that this is now a very worrisome matter, because AIDS is spreading like a wildfire. This is based on statistics compiled since 1988. As of 26 August, a total of 4,946 people had been found to have the AIDS virus. Of these 82.82 percent contracted the disease from having sexual relations. In particular, 2,481 prostitutes, or 50.16 percent of all prostitutes here, were found to have the virus.

As for the use of condoms, it was found that only 62.11 percent of the men who had sex with prostitutes used a condom. [passage omitted]

Bangkok Health Department Discloses AIDS Figures

*92WE0006A Bangkok THAI RAT in Thai 13 Sep 91
p 10*

[Excerpt] A news source from the Bangkok Health Department disclosed the figures for the number people in Bangkok who have the AIDS virus. He said that a survey conducted by the Health Department found that 8,266 people in Bangkok have the AIDS virus. The zones with the largest number of cases include Nong Chok with 1,624 cases, Bang Rak with 501 cases, Pom Prap with 481 cases, Nong Khaem with 428 cases, and Pung Kum with 401 cases. These are very frightening figures. Of the people who tested positive for AIDS, 50 have full-blown cases of the disease. Another 120 showed related symptoms. [passage omitted]

Doctor Profiles AIDS Trends, Behaviors

*92WE0025C Bangkok MATICHON in Thai 16 Sep 91
p 18*

[Article by Dr. Apason Bunpradap, DDS: "AIDS in the School"]

[Excerpts] [passage omitted] At present Thailand has about 300,000 people with the AIDS virus. These can be categorized as follows: 1. drug addicts, 15,000-32,000, 2. female prostitutes, 8,500-11,800, 3. promiscuous men, 92,000-184,000, 4. housewives, 12,300-15,000.

As for the actual figure for those with the virus, no one knows for sure because we are not able to take blood samples and test for the virus throughout the country, but what is certain now is that there are people with the

AIDS virus of both sexes and of every age and profession. Rich and poor and even priests who do not observe the religious rules can get AIDS - there are no exceptions. [passage omitted]

According to the research at the Institute for Demography of Chulalongkorn University 57 percent of Thai adolescent males were sexually active and of these 28 percent were sexually active with girl friends and strangers. Of the female students in vocational schools throughout the country 7 percent were sexually active while in school. In some provinces this figure was as high as 30 percent. As for male students only 7 percent were sexually active with females who were not prostitutes. Even worse, the research indicated that housewives had become AIDS victims by being exposed to the virus by the 2 million husbands who were promiscuous and the 1.5 million such husbands who did not use condoms. This meant that 1.5 million housewives were at risk of AIDS. Now it has been found that there are 22 pregnant women with AIDS out of the 30,000 receiving prenatal care each month. This is a frighteningly high incidence.

Of the upper-level male secondary students with whom I conducted a project for a second year, 70 percent confessed that they had been sexually active with female prostitutes without using condoms and that their parents or guardians did not know. This raises the question of how many young people there will be left in five to 10 years to develop the country. In the future the old people and children will be a burden for society; there will be no one to care for them because the guardians and parents who would have cared for them will have contracted AIDS and died. By the year 2000 the Social Welfare Department will not be able to care for all the orphans. The priests will have to take over this role as they have done for the orphans at the Wat Sakeo Temple in Ang Thong Province. [passage omitted]

Chonburi AIDS Update

*92WE0025B Bangkok DAILY NEWS in Thai
17 Sep 91 p 12*

[Text] Mr. Chamnian Chawanaphong, the governor of Chonburi Province, said that they had discovered 2,307 cases of AIDS in the province. Of these 23 had died. They had discovered 2,285 with the AIDS virus but with no symptoms. It was estimated that there were 10,000 cases of people with the AIDS virus. Most of the cases, 721, were in the municipal district. Next came Bang Lamung District with 633 cases, Si Racha District with 410 cases, Sattahip District with 340 cases, Phanat Nikhom District with 80 cases, Ban Bung District with 47 cases, Ko Si Chang Subdistrict with 31 cases, Phan Thong District with 29 cases, Bo Thong District with 10 cases, and Nong Yai District with 86 cases. AIDS was projected to increase steadily and so it had been requested that tourists or those who were sexually promiscuous either use condoms or end their promiscuity.

Two Percent of Army Recruits Test HIV-Positive

*BK3110005591 Bangkok BANGKOK POST in English
31 Oct 91 p 3*

[Excerpt] More than 200 conscripts in the Third Army Region have tested positive for the AIDS virus.

Third Army Region public relations officer Lt.-Col. Banyong Sirasunthon said yesterday that more than two percent of about 10,000 conscripts in the 17 northern provinces have the Human Immuno-deficiency Virus, the initial stage of AIDS.

Five percent of privates in Chiang Rai and Phayao alone tested HIV positive, he said, adding most of these had sexual intercourse with prostitutes in their local provinces.

In the 17 northern provinces there are 1,290 known places where a total of 10,241 "service women" are available. These include 235 places and 2,608 women in Chiang Mai, 223 places and 1,629 women in Chiang Rai and 88 places and 680 women in Lampang, he said.

Third Army commander Lt.-Gen. Phairot Chan-urai in Phitsanulok tomorrow will chair a meeting of local authorities on AIDS dangers and how to prevent the virus spreading. Prime Minister's Office Minister Michai Wirawaithaya and Public Health Ministry Permanent Secretary Uthai Sutsuk will take part. [passage omitted]

Restriction on Entry of AIDS Victims To Be Relaxed

*BK0611095991 Bangkok Radio Thailand Network
in Thai 0530 GMT 6 Nov 91*

[Text] Michai Wirawaithaya, minister attached to the Prime Minister's Office, told reporters at Government House this morning that the screening committee on security and foreign affairs has approved the Public Health Ministry's proposal on a draft ministerial regulation attached to the immigration bill to drop AIDS from the list of prohibited diseases whose sufferers are denied entry to Thailand. The decision is expected to be forwarded to the Cabinet for consideration some time next week.

The minister explained why the ban on entry of AIDS patients into Thailand was being lifted, saying that various countries do not refuse entry to AIDS patients, and the World Health Organization has also established a similar principle.

Moreover, at present, the AIDS situation has changed. Preventing AIDS victims from entering the country may not be fully effective. For one reason, it is hard to know whether a person has contracted the AIDS virus. For another reason, there is a considerable number of AIDS-infected people in the country. It can be seen that such a restriction against AIDS victims would not be as effective as it should be. Therefore, it is appropriate to drop AIDS from the list of diseases whose sufferers are prohibited entry into Thailand, said the minister.

AIDS-Infected Persons No Longer Denied Entry

*BK2711074091 Bangkok Radio Thailand Network
in English 0000 GMT 27 Nov 91*

[Text] The Cabinet at its meeting yesterday endorsed the interior ministerial decree to be attached to the Immigration Act deleting AIDS from the list of forbidden diseases.

AIDS has been added to the list in accordance with the interior ministerial Decree No. 11 in 1986. However, with more information about the disease available at present, it has become clear that detection of AIDS cannot be done effectively and that contraction of the disease is not possible through other means than sexual intercourse and blood transfusion.

The lifting of the ban on AIDS-infected persons is in accordance with international practices and will benefit the country in the long run, with foreign assistance expected to pour in to help Thailand deal with AIDS problems.

VIETNAM

Committee Launches Anti-AIDS Campaign

*BK0212053791 Hanoi VNA in English 0609 GMT
30 Nov 91*

[Text] Hanoi VNA Nov. 30—The national anti-AIDS committee and the Hanoi anti-AIDS committee on November 29 and 30 organized here meetings to launch anti-AIDS campaigns, responding to World AIDS Day-1991 themed 'Sharing the Challenge'.

Thousands of representatives of various public offices, organizations, schools, hotels... Attended the functions.

Concrete measures were worked out to prevent and combat this killer disease.

BULGARIA

Data on Spread of AIDS

*AU0511165891 Sofia BTA in English 1641 GMT
5 Nov 91*

[Article: "AIDS: Five Years Behind Western Europe"—
BTA headline]

[Text] Sofia, Nov 5 (BTA)—Bulgaria is still in an early stage of the spread of the HIV infection, a stage in which Western Europe was five years ago. Bulgarians do not believe that AIDS is a very serious problem and this makes it impossible to conduct a broad and effective public education campaign. These are the findings of a team of World Health Organization (WHO) experts who came to Bulgaria to see whether the WHO one-year AIDS control and prevention programme is being implemented.

The WHO experts presented a new three-year programme which relies mainly on health education. The programme sets 50 main objectives with over 300 specific tasks. The experts believe that in Bulgaria there are many people belonging to the risk groups who have to be convinced that their safety is in their own hands.

The WHO experts welcome Bulgaria's decision to give up mass screening because it does not check the spread of the infection. Moreover, the greater part of the risk groups usually do not take the test. Reportedly, there are 96 HIV-positive in Bulgaria. Twelve of them developed the full-blown symptoms of the disease and nine have died. The remaining three AIDS patients are in good condition and live at home. However, Ministry of Health experts say that the figures do not reflect the real state of affairs.

AIDS Specialist Warns Against Complacency

*AU2811170591 Sofia BTA in English 1555 GMT
28 Nov 91*

[Text] Sofia, November 28 (BTA)—"The small number of AIDS cases is not reassuring. This country is in the first epidemic phase of the AIDS pandemic, when the infection is still latent," Dr. Radka Argirova, head of the Central AIDS Laboratory with the Medical Academy, told a news conference today.

"Four million AIDS tests have been performed since 1986. There are 98 HIV-positive Bulgarians. Nine out of the 12 AIDS patients have died," Dr. Argirova said.

The transmission of the AIDS virus from abroad was checked in 1987 but from 1988 it has been spreading within the country. AIDS incidence used to be highest in the 35-40 age group, while now it mainly affects young people aged between 18 and 22. Burgas and Gabrovo have the greatest number of AIDS cases.

A new ordinance on the regime and conditions of conducting AIDS tests was presented. Every Bulgarian can

have such a test done under guaranteed medical secrecy and anonymity. AIDS cases will be put down for regular medical check-ups at their request.

The testing of all banks of donated blood will continue. This measure, introduced in Bulgaria in 1987, has been carried out under control by world renowned companies. There have been no cases of AIDS blood transmission in Bulgaria so far. Compulsory tests will extend to all donors of sperm, organs, tissues and mother's milk, as well as foreigners coming to Bulgaria to work or study.

The five children born to HIV-positive mothers are under surveillance. Three of them have not contracted AIDS, one is HIV- positive and the fifth one is still being tested.

The AIDS Combat Programme Council with the Medical Academy is seeking to effectively check the spread of AIDS and to conduct scientific research. However, no funds have been allocated for this purpose in 1991.

The members of the programme council were opposed to the decision of the Ministry of Health Care to import tests for AIDS and hepatitis B from the Finnish Lapsystems Company in the next three years. In their capacity as members of a commission with the ministry on the tender for such tests they unanimously recommended the tests of Diagnostiv Pasteur of France.

The deputy minister in charge of financial matters argued for the decision of the Ministry of Health Care. The Finnish tests cost 32 percent less. Lapsystems also offers to train personnel to work with the equipment, humanitarian aid to the amount of 50,000 U.S. dollars in medicines, joint production of such tests in Bulgaria and their sale in third countries.

CZECHOSLOVAKIA

Number of AIDS Cases Increases

*LD2011221391 Prague CSTK in English 1432 GMT
20 Nov 91*

[Text] Bratislava Nov 20 (CSTK)—Over 200 people infected with AIDS (Acquired Immune Deficiency Syndrome) are registered in Czechoslovakia, 24 of whom already show symptoms of the disease, Slovak Deputy Health Minister Margita Sulcova told journalists on Wednesday.

She said by 1995, the number of infected is expected to reach about 1,000 people with 100 of them developing the disease.

Sulcova called growing drug addiction as one of the main causes of the spread of the deadly disease.

The danger of transfer of the disease in transfusion is non-existent in Czechoslovakia where all blood donors are tested for AIDS, Sulcova said.

HIV Carriers Number 186; 25 AIDS Cases Registered

*AU0212124191 Prague HOSPODARSKE NOVINY
in Czech 29 Nov 91 p 4*

[CSTK report: "AIDS in Our Country"]

[Excerpt] There are at present 186 persons in the Czech Republic who have been positively screened for the HIV virus, of whom 25 have AIDS. Most carriers of the HIV virus are men and 69 of them are foreign nationals.

In the Slovak Republic, 30 carriers of the virus are registered, 3 of whom have AIDS. One-third of the carriers of the virus are foreign nationals.

The low figures should not be confused with a low number of infected persons. Rather, they bear out that many persons hesitate to turn to their physician with their problem, suspicion, or fear. [passage omitted]

[Prague RUDE PRAVO in Czech on 27 November on page 2 carries a similar 300-word "per"-signed report, which mentions that "16 persons have died of AIDS in the CSFR thus far."]

YUGOSLAVIA

Federal Official on AIDS Statistics

*LD2911231191 Belgrade TANJUG in English
1823 GMT 27 Nov 91*

[Text] Novi Sad, Nov 27 (TANJUG)—Head of the federal AIDS commission Professor Borisa Vukovic, said the press here today that 242 persons had been infected with AIDS virus, while 129 persons had died in Yugoslavia so far. The majority of the infected have been registered in the Republic of Serbia (162).

It is now clear that the World Health Organization's forecasts about finding a cure for the disease by 1995 will not come true, Vukovic said. Fighting AIDS is still based on prevention, or better information on the disease.

As for information on AIDS in Yugoslavia, Vukovic said it had been significantly improved, recalling that it was included in biology school textbooks.

Individual prevention is much more difficult to be carried out, he told journalists on the occasion of international AIDS day, December 1.

BOLIVIA

Fifty-eight AIDS Cases

PY2510113491 La Paz Television Boliviana Network in Spanish 0200 GMT 24 Oct 91

[Summary] It has been reported that 58 AIDS cases have been detected in six Bolivian departments, thirty-one of which have been fatal. There are 22 AIDS carriers without symptoms.

BRAZIL

Collor Speaks on AIDS

PY3011230491 Rio de Janeiro Rede Globo Television in Portuguese 2201 GMT 30 Nov 91

[Text] In a 14-minute recorded message President Fernando Collor discussed the growing threat of AIDS. Collor says it is his duty to alert the nation and lead the fight against the disease. The Health Ministry says 800,000 Brazilians now are infected with the AIDS virus. Collor says there should be no discrimination against or curtailment of freedom of AIDS sufferers. The government is starting a new anti-AIDS program that will be announced on 1 December—time not specified—in a national network hookup.

DOMINICAN REPUBLIC

Institute Reports 50 Percent Increase in AIDS Cases

FL2611182991 Santo Domingo Radio-Television Dominicana Radio Network in Spanish 1600 GMT 26 Nov 91

[Text] The Dominican Social Security Institute [IDSS] has reported that the number of persons infected with the AIDS virus has increased 50 percent. Dr. Margarita Cruz, IDSS AIDS prevention programs specialist, said that in the Salvador Vegodie Hospital alone, 100 new cases were detected. She added that for the hospital, this is an alarming number since they were registered only in the last few weeks. The education and AIDS prevention specialist added that the spread of this terrible disease is caused by public lack of information. Margarita Cruz called for a public orientation campaign to stop the propagation of the disease.

GRENADE

HIV Cases Number 47, AIDS 29; of These, 21 Deaths

FL2811231991 Bridgetown CANA in English 1901 GMT 28 Nov 91

[Text] St. George's, Grenada, Nov 28, CANA—Grenada has recorded 47 cases of HIV (Human Immunodeficiency Virus) infections since the disease was discovered

here in the 1980's. According to Ministry of Health official, Glen Noel, twenty-nine went on to develop AIDS. Noel said 21 persons have died from AIDS, which kills by destroying the body's disease-fighting system.

"We believe this is only the tip of the iceberg," Noel said of the cases.

The Health Ministry, in an anti-AIDS programme, is campaigning for "a moral Christmas." The Ministry is also promoting the use of condoms to curb the spread of the disease in an island with a population of 98,000.

ST. LUCIA

Health Association Issues List of AIDS Risk Groups

FL2011180491 Bridgetown CANA in English 1209 GMT 20 Nov 91

[Text] Castries, St. Lucia, Nov 20, CANA—The St. Lucia Medical and Dental Association has released a checklist of groups it says should be tested here for the virus that causes AIDS. The groups were named after doctors, pharmacists, and family health practitioners met to discuss how they could fight the spread of AIDS [Acquired Immune Deficiency Syndrome] on the island.

A statement from the association identified persons who should consider testing as: men who have had sex with other males, even once, since 1980; women who have had sex with a man who had an affair with another man; and persons whose sex partner has tested positive for HIV [Human Immuno-Deficiency Virus] or AIDS. The statement also listed anyone whose sex partner "has had a sexually transmitted disease (STD), such as venereal disease during the past five years" or anyone who "paid people to have sex with them in the past ten years." Also suggested for testing were persons "who have shared needles for injecting drugs or who have had a blood transfusion between 1980 and 1985".

Doctors involved in STD research here say that if people falling in any of the identified categories were to take this advice and consult their doctors, a considerable amount of information could be collected to provide a real picture of the HIV/AIDS situation here, and how to better put up an effective fight.

The meeting of doctors, pharmacists, and family health practitioners also reaffirmed that condoms offered good protection against the spread of HIV/AIDS. The statement added that doctors agreed that there are other ways to fight the spread of AIDS, but the use of condoms should be encouraged.

ARMENIAN AFFAIRS

Anti-AIDS Measures

91WE0272A Moscow *TRUD* in Russian 17 Jan 91 p 1

[Article by L. Vrtanesyan, Erevan: "Without AIDS, but With Benefits"]

[Text] "This disease practically does not exist on our territory," reported A. Mayrapetyan, Chief Sanitary Physician of Armenia. "Nevertheless, the local government has taken a number of steps to assure the social protection of persons infected with the virus or ill with AIDS."

If, God forbid, the "disease of the century" appears in Armenia, minor child patients will be allocated a state pension in the amount of the minimal wage. Benefits are also provided to the parent who is caring for the sick child; under certain conditions the parent's job seniority will be maintained...

As has been reported at the Ministry of Health of Armenia, only two cases of AIDS have been identified in the republic: a foreign student, who was quickly sent home, and a Soviet employee in one of the African countries. Both of the carriers of the virus, fortunately, have been found to be without clinical signs of AIDS. In the last 3 years 600,000 blood tests have been performed in Armenia, and in all cases a negative result was obtained. Constant monitoring of risk groups among permanent and temporary residents of Armenia has been established by local physicians.

ALGERIA

Statistics on AIDS Carriers

LD0112150891 Algiers Radio Algiers Network in Arabic
1200 GMT 1 Dec 91

[Excerpts] The national seminar on combating AIDS, which coincides with the international day for combating AIDS, opened at Medea today.

For more details, here is our correspondent:

[Unidentified correspondent] The seminar is being held under the slogan: International Day for Combating AIDS. [Passage omitted]

According to the latest figures supplied by the Ministry of Health, 92 cases of AIDS have been recorded in Algeria, of which 69 cases were among males and 23 among women.

The majority of those suffering from AIDS ranged between 20 and 39 years old: 54 cases among the men and 10 cases among women.

As to those recorded as AIDS virus carriers, the latest figures show that they number 268 cases, of which five cases were among children. The men were the largest

section—181 cases were registered among men. Twenty-eight cases of virus carrying were reported among women. The remaining cases have not been identified in terms of sex. [Passage omitted]

BANGLADESH

AIDS-Infected Workers Return From Dubai

91WE0556 Dhaka *THE BANGLADESH OBSERVER*
in English 11 Aug 91 pp 1, 10

[Text] Sylhet, 10 August—Three AIDS patients have been detected in Kanaighat upazila under Sylhet district recently.

One of the patients is Alimuddin, 27, of Uzanipara village under Kanaighat upazila was caught by the police and sent to Dhaka for treatment on Saturday night under police escort.

The other two patients Kashem Ali and Nasiruddin of Kanaighat upazila are absconding.

All the three persons were working in Dubai. Alimuddin was checked by the doctor in Dubai and diagnosed him as an AIDS patient. Later Kashem Ali and Nasiruddin were also detected by Dubai doctors as AIDS victims.

The Dubai Government sent these three AIDS patients to Bangladesh in the first week of June and since then they were staying in their village home.

After returning to Bangladesh these three patients did not disclose their disease. However, it came to the knowledge of the local people and the local authority sent police to catch them. Receiving the information two AIDS' patients Kashem Ali and Nasiruddin managed to escape and Alimuddin was caught by the police and he has been sent to Dhaka for treatment.

INDIA

AIDS Widespread Expected, Underreporting Noted

92WE0056A Madras *INDIAN EXPRESS* in English
23 Sep 91 p 1

[Article by Sumit Mitra: "Bombay Will be Entrepot for AIDS"]

[Text] New Delhi, Sep 22—Dr. A. S. Paintal, the renowned expert on the future spread of AIDS in India, who retired this month as the Director-General of the Indian Council of Medical Research (ICMR), now predicts Bombay would emerge as the entrepot for an incursion of the deadly virus "within three years."

Dr. Paintal's prediction, which is doubted by the ICMR authorities now, points at the grisly scenario of 'every third housewife' in Bombay to show positive Human Immuno-Deficiency Virus (HIV) result at ante-natal

examination "by 1996". In other words, by 1996, "every third housewife" in Bombay will be a potential carrier of AIDS.

Dr. Paintal, who is now working on a WHO-funded project to investigate the causes of breathlessness, became controversial during his five-year tenure as the Chief of ICMR when he pleaded for a legislation which would have banned Indians from having sex with foreigners. Though he was ridiculed by the press for his extreme views on control of AIDS, some of his predictions came quite close to the mark. In 1989, he said that HIV seropositivity among high-risk groups in Bombay—including prostitutes, their clients, drug-pushers and professional blood-donors—was approaching 35 percent. However, Dr. S. D. Tripathi, the new ICMR director-general, confirmed that a recent survey has put the figure 'in excess of 30 percent.' At Kamatipura, the city's red light area, as much as 70 percent of the hookers tested on Elisa (the preliminary AIDS-test, the more authentic being Western Blot) showed HIV-positivity.

Higher risk now: Dr. Tripathi also disclosed that new sero-surveillance reports from Madras had put the figure for the city at the same level—around 30 percent—though the spread, according to him, is more pronounced in Bombay. In 1986, only two percent of the high-risk people were found to have HIV virus.

In Dr. Paintal's opinion, the one-lakh-plus prostitutes of Bombay, are causing '3.5 lakh infected intercourses every day. He thinks there is one percent probability of the infected intercourses leading to a transfer of the virus. This means an addition of 3,500 HIV positive people.' The AIDS virus has an incubation period of 8 to 16 years, on the expiry of which the infection becomes full-blown. Death is a painful certainty after that.

However, both Dr. Tripathi and Dr. Srinivas, consultant to the Union government on hospital infections including AIDS, think that Dr. Paintal has been painting 'too scary a scenario,' and that the so-called 'infected intercourses' are generally confined only to the 'promiscuous fringe' of the society. Quoting government figures, they expect the total HIV-positive population in India to be around 150,000 now, though the WHO analysis put it at 250,000.

The Union Health Ministry has now geared up its attempt to monitor seropositivity at all centres, particularly at the sexually transmitted diseases (STD) clinics where the vulnerable groups report in large numbers. In Calcutta, for example, where the last survey, conducted way back in 1986, reported only one percent positive, a new exercise began last week. Altogether 42 medical practitioners, practising in STD-prone areas, have been roped in by a central team to conduct a 'discreet sero-surveillance.' In 1986, when an AIDS-carrier was detained by police, the Calcutta High Court gave a stricture against such identification and detention, following which all seropositivity surveys were halted.

Dr. Paintal, however, points out that in a city like Bombay, where the mobility of people in the sexually active age group was among the highest, the spread of the disease is likely to baffle all conservative estimates. He argues that Bombay's migrant labour population, and 'the army of commercial travellers,' have made a mockery of the staid concept of dividing the society into two groups—those who are promiscuous, and those who are not. 'What about those who are promiscuous while on tour, and loyal husbands when at home?'

Eluding diagnosis: The AIDS doctors agree on one point: that many deaths caused by the virus are going unreported in India. They suspect that a good number of apparently diarrhoeal deaths were indeed caused by AIDS, but the patients and their relatives were eluding diagnosis because of the social stigma associated with the infection.

According to the Health Ministry, there were 57 patients of full-blown AIDS—including 46 male patients, till Oct. 31 last year. They think the actual number may grow exponentially with the possibility of the attack going up geometrically.

Experts Score Complacency Over AIDS

92WE0096A Madras *THE HINDU* in English
12 Oct 91 p 10

[Article: "Complacency About Spectre of AIDS"]

[Text] New Delhi, Oct 11—The WHO (World Health Organisation) has estimated that by the year 2000 AD, nearly 40 million people of the entire world population would be affected by the HIV (Human Immunodeficiency Virus) infection while the total number of full-blown AIDS (Acquired Immuno Deficiency Syndrome) cases would add up to 12 million. It is also feared that over 10 million children are likely to be affected by this dreaded disease if the Governments failed to ensure the implementation of the infection control guidelines.

While the various health agencies in India are believed to have taken cognisance of the matter 'much before time' and have initiated measures to prevent the spread of HIV infection which manifests into AIDS, it is largely felt that the people here generally are yet to realise the seriousness of the disease and its consequences. People still believe that AIDS is a disease of some other country and that it affects only specific groups.

Asymptomatic State

This belief largely stems from the fact that most of the people carrying the HIV infection are at present in the asymptomatic state because they acquired the disease only in the last five or six years. It is estimated that not less than 35 percent of the HIV infected people will develop AIDS within the next five to seven years. But that they are responsible for the spread of the infection goes unnoticed, "because they look and behave normally." At this rate, it is also estimated that within the

same period of time, another 35 percent of the population will develop symptoms associated with HIV infection, but not fulfil the criterion for a diagnosis of AIDS.

With these statistics, a group of people from all walks of life participated in an invigorating discussion on AIDS at the India International Centre here this morning. It was an inter-sectoral collaboration workshop organised by the Directorate of Health Services and the Delhi Administration as part of its National AIDS Control Programme (NACP). After the customary slide shows and brief addresses from the dais the discussion was thrown open to the audience which comprised representatives of voluntary health organisations, blood banks, social workers, mediapersons, Army personnel, doctors and Medical Superintendents of hospitals.

Waiting Disastrous

Prof. A. N. Malviya, Director of AIDS Centre at the All-India Institute of Medical Sciences, who had done pioneering work in the field, projected some very moving and impressive slides and titled his presentation,—“AIDS—the story of sex, blood and death.” Throughout the presentation he tried to drive home the point that “it would be disastrous to wait till AIDS became a major disease like tuberculosis or chickenpox.” “This is the right time, without further delay to control the spread of the disease,” he stressed.

Prof. Malviya warned that since the HIV Infection, which had already set its roots in India, was at present at low prevalence among the high risk groups, people should not adopt a laid-back attitude. The Deputy Director-General of NACP, Dr. Shiv Lal, however, said that 37 Zonal Practising Centres exclusively meant for blood screening had been set up in 27 cities. Another 52 cities had been identified for setting up more such centres with specific directives to discard the blood after the first ELISA positive test.

Full-Blown Cases

According to Dr. Shiv Lal, there are 85 reported full-blown AIDS cases in the country while Maharashtra, Tamil Nadu and Manipur led with 1,000 each reported cases of HIV infection. Maharashtra also has the highest number of full-blown AIDS cases—36, and is also the only State to develop several counselling centres and follow up the cases of infected blood donors in a big way.

Dr. Shiv Lal said in Delhi 459 cases of HIV infection have been reported so far and 50 percent of them have transmitted the disease through infected blood after transfusion. Emphasising that HIV infection was spreading fast attacking the most vulnerable age group of 20 to 40 years, highlighted the role of health education. He informed that the Government was seeking international support for AIDS programme and considering taking a loan from the World Bank to fight the scourge.

The others who spoke on the occasion included the Chief Secretary of the Delhi Administration, Mr. R. K. Takkar, the Director of Health Services, Dr. V. P. Varshney, Mr. M. Stampke and Ms. Carol Larivee of WHO. All of them stressed the need for immediate action and coordination.

Hackneyed

Though the discussion left behind stimulated minds, a section of the audience also felt that the discussion was a hackneyed one, failing to throw light on new and strong corrective, preventive and effective measures and the success of the programmes introduced so far and the kind of help ought to be rendered to the already affected persons. “We were told about the same things which are oft-repeated at every seminar/workshop on AIDS,” they complained.

Reacting to this, Mrs. Shailaja Chandra, Secretary of Health, Delhi Administration, who was the brain behind the workshop, said that the attempt was even to educate the educated about what AIDS is, how it spreads and the do's and dont's. She was of the opinion that a large section even of the literate population was ignorant about the disease and its implications.

“And it is through such intellectual exchanges we gain more information and can also share them among our colleagues, friends, relatives, family members and acquaintances at place of work and stay,” she added. And it was with this promise that the participants dispersed.

IRAN

Health Minister Cited on 186 AIDS Cases in Country

LD0112122691 *Tehran Voice of the Islamic Republic of Iran First Program Network in Persian 1030 GMT 1 Dec 91*

[Excerpts] To mark world AIDS day, ceremonies were held at Tehran University today. During this event, the health minister, Dr. Malekzadeh, raised some notable points. [Passage omitted]

Pointing to the fact that in humans, AIDS is contracted via sexual contact with an infected person, the reception of infected blood products, and the transfer of infection from mother to child, Dr. Malekzadeh said: Due to the reign of Islamic values and the observance of hygiene, our country is one of the cleanest areas of the world. If the people's awareness is raised, this deadly disease can be controlled easily in our country.

He added: Currently 180 patients have been registered as infected with the AIDS virus.

In conclusion, the health minister recommended that agents selling airline tickets for travel abroad provide brochures on AIDS for intending passengers.

It is worth noting that in the West, the AIDS virus was first noticed in 1981 among five young American homosexuals in California, United States.

ISRAEL

Half of 160 AIDS Victims Died 'So Far'

*TA1911173691 Jerusalem Qol Yisra'el in Hebrew
1700 GMT 19 Nov 91*

[Text] Some 160 Israelis have so far become infected with the AIDS virus, and more than half of them have died; one-third of them were hemophiliacs. This was reported by Prof. Avraham Morag from the Hadassah Hospital in Jerusalem, during a seminar in the Soroka Hospital in Beersheba. Prof. Morag said he believes that the number of Israelis who carry the AIDS virus will not rise significantly. He reported that one of the reasons for the contraction of the disease is blood transfusions Israeli tourists receive abroad.

Health Ministry Releases AIDS Statistics

*TA0212110891 Tel Aviv YEDI'OT AHARONOT
in Hebrew 2 Dec 91 p 9*

[Report by Dvora Namir and the ITIM correspondent]

[Excerpt] The fourth International AIDS Day was marked yesterday in 160 countries worldwide. In Israel to date, 162 people have contracted AIDS, of which 106 have died.

The Health Ministry argues that for each diagnosed patient, there are 10 others who have not yet been identified. Based on data from abroad, Israeli experts believe that there are 5,000 carriers who are still healthy but who have been passing the disease to others.

Only 174 of the 785 carriers diagnosed in Israel are homosexuals; 30 are heterosexual and nine are children born to a parent diagnosed with AIDS. An astonishing fact is that 395 of the carriers do not belong to any of the high-risk groups and the source of contagion is unclear. [passage omitted]

JORDAN

Health Ministry Says 66 AIDS Cases in Kingdom

*JN2811110191 Amman JORDAN TIMES in English
28-29 Nov 91 p 3*

[Excerpt] Amman (J.T.)—The Health Ministry Wednesday revealed that the total number of AIDS cases in the Kingdom since 1986 has now reached 66, 59 of whom are Jordanians.

Of the Jordanians infected with the disease, 14 have already died, one of whom passed away last week, said the ministry in a statement prior to the World AIDS Day, 1991, which is to be observed Sunday.

Only one AIDS patient out of the seven foreign nationals died in the Kingdom, the statement said. The rest have been repatriated, said the ministry's statement, carried by the Jordan News Agency, Petra.

The Ministry of Health has been able to control the spread of the AIDS disease through strict monitoring of the blood transfusion processes and through stringent precautionary measures, including laboratory tests, the statement said.

All blood banks in Jordan conduct tests on the blood of donors to ensure that they are safe, especially if the donors had undergone surgical operations abroad. At the same time, Jordan restricts the importation of any amount of blood from other countries, the statement added.

Jordan is considered among the first few countries of the region to take precautionary measures against the spread of the AIDS disease. According to World Health Organisation (WHO) estimates, there are between eight and 10 million men, women and children around the world who are infected by this disease and that more than 5,000 are infected by AIDS daily.

The ministry statement noted that Jordan, through the continued efforts of a National Committee to Combat AIDS, has been implementing a wide-scale campaign to spread education among the young people against the killer disease and ways to protect themselves from it. [passage omitted]

MAURITANIA

Number of AIDS Cases Noted

*LD0112234191 Nouakchott ORTM Radio in Arabic
2030 GMT 1 Dec 91*

[Excerpt] [passage omitted on seminar marking World AIDS Day] It is worth mentioning that by mid-April of this year, 16 AIDS cases had been recorded in the country. This is, thank God, a small number in comparison with the number recorded in some neighboring African countries such as Algeria, where 45 cases have been officially recorded, and Zaire, which has 95 cases.

PAKISTAN

Rapid Spread of AIDS Feared

Awareness of Disease Low

92WE0044A Karachi DAWN in English 25 Sep 91 p 9

[Article by Shouket Ali, Secretary-General of the Pakistan AIDS Prevention Society: "Creating Awareness"]

[Text] Over the years a number of medical researchers have come to realise that AIDS will soon pose a serious threat to Pakistan unless urgent action is taken not only

by a state-sponsored programme, but by a concerted and combined effort of the society as a whole.

The social activists, trade groups, the teaching community and health workers will have to launch a coordinated campaign to carry the AIDS prevention message to the people.

Realising the dire need for an AIDS awareness programme and inspired by a conference on AIDS held in Paris last year, under the auspices of UNESCO, WHO and the World Teachers Organisation and a follow-up discussion, the author worked on a plan to coordinate and regulate the common efforts of researchers and activists on a common platform. This was later named the Pakistan AIDS Prevention Society.

The formation of this body reflects the awareness of the role the NGOs can play in the struggle to eliminate and counteract the transmission of HIV. It also highlights the need to cater to the forgotten responsibility of defending the rights of those who are seropositive and who suffer from AIDS, along with their families.

The question of respect for the rights of HIV infected persons is of utmost significance, as the present attitude of isolating the affected persons socially is the direct outcome of the fears and prejudices prevalent in society. In most cases these are a result of insufficient information and based on the fear of accidental contamination or infection.

These fears can be overcome by imparting knowledge about AIDS.

Pakistan AIDS Prevention Society has limited its area of work to dissemination of information about AIDS, with emphasis on its prevention through traditional and non-traditional means. It seeks to promote preparation of literature and documentaries, hold workshops and undertake research aimed at presenting the truth about AIDS. The aim is also to coordinate with other NGOs to boost efforts at all levels, especially in the educational and industrial sectors.

The Society plans to approach the high risk population directly with the aim of modifying their high risk behaviour and activities through group discussions, person-to-person contact, medical, psychological and social help, and assistance in securing material help for reduction of risk of transmission to others.

The Society will offer counselling services for those who are infected.

Pakistan AIDS Prevention Society needs support of all sectors of society. Join hands with us in this common struggle and contact us by writing to P.O. Box 9856, Saddar, Karachi.

Statistics Released

92WE0044A Karachi DAWN in English 25 Sep 91 p 9

[Article by Samina Mehdi: "AIDS in Pakistan"]

[Text] At a time when the whole world is rocked with the AIDS havoc, Pakistan is fortunate to have a somewhat low prevalence of the disease in its population.

According to estimates by the National Institute of Health (NIH), Islamabad, there are at present only 14 reported cases of AIDS in the country. The number of HIV-positive cases is 72.

Blood transfusion without the pre-screening of the blood for the AIDS virus is said to be the main cause of the spread of the disease in the country.

The transmission of the disease through sexual contact, intravenous drug abuse and from an AIDS infected mother to her child has also been reported in the country, but to a lesser extent.

Doctors and sociologists, however, view these figures with scepticism. They claim that the actual number of such patients in the country is much more than what is officially made out to be.

They argue that in the absence of a detailed and organised study on the subject, the statistics released cannot be very accurate and are therefore misleading.

The accompanying table gives the break-up of the AIDS and HIV-positive cases in the country, as released by the NIH, Islamabad.

In the opinion of blood disease experts, patients who received transfusion of blood products imported before 1986 have a chance of having contracted the AIDS virus. The blood products at that time were imported into the country without screening for AIDS.

Category	HIV-Positive	AIDS cases	Total
Bisexuals	—	3	3
Heterosexuals	14	3	17
Homosexuals	4	2	6
Intravenous drug abusers	1	1	2
Blood/Product transfusion	13	2	15
Haemophiliacs	—	1	1
Mother to child	5	0	5
Not Known	35	2	27
Total	72	14	86

Lack of awareness among the masses about the disease and the absence of adequate facilities for detecting AIDS patients is also a cause of alarm.

At present there are about 19 laboratories in the country, which are screening the blood for AIDS. Yet none of them have the proper facilities to confirm the presence of the HIV virus through blood tests.

In case of probable AIDS positive cases, the blood sample is sent to the National Institute of Health in Islamabad for confirmation. The NIH is the only place in the country where 'Western Blot' test is carried out. The 'Western Blot' test confirms the presence of the AIDS virus.

In the absence of a government initiative to educate the people about the disease, it is feared that in due course the number of AIDS cases will rapidly multiple and given our impoverished and underdeveloped health care system the spread of AIDS will be disastrous.

Health Official Says Number of AIDS Cases Rising

BK1211120391 Hong Kong AFP in English 1123 GMT 12 Nov 91

[Text] Islamabad, Nov 12 (AFP)—Pakistan has registered a progressive increase in acquired immune deficiency syndrome (AIDS) cases over the last five years, an official said Tuesday.

The country, which until 1986 was considered virtually free of the fatal disease, has documented 104 cases of people suffering from AIDS or infected with the virus that causes it, Dr. Abdul Ghafoor, director of the National Institute of Health (NIH), told AFP.

The NIH, coordinating the activities of 19 AIDS centres across the country which offer voluntary tests for the the HIV virus that causes AIDS, has documented reports on more than 150,000 people which show a gradual rise of cases "positive to the HIV virus," Ghafoor said.

So far, 18 of the 104 carriers have developed full-blown AIDS, he added.

Sources said 72 percent of the victims were Pakistanis and 28 percent were foreign nationals, while the gender ratio of viral infection was 2.6 males to one female.

Pakistanis came to know about the disease through the death of a Tanzanian sailor, Kudo Ibrahim, in the port city of Karachi in 1987. Since then at least 15 AIDS patients who contracted the disease abroad have died in the country.

In 1988, Pakistan country recorded 19 HIV virus carriers, but the number had swelled to 68 towards the end of 1990.

Commenting on the trend, a leading medical specialist here, Dr. Sarfraz Ahmed, said recent victims included Pakistanis repatriated from the Middle East in the wake of the Gulf war.

A new phenomenon noticed here in 1990 was the use of AIDS patients as drug peddlers. Law enforcement officials said international drug barons "motivate patients to make a fortune" for their families before death, one official said, telling them they would likely be treated leniently even if caught.

At least three foreign heroin traffickers were deported last year on production of medical certificates proving they suffered from AIDS, officials said.

Ghafoor said the government was doing its best to check the rate of HIV infections.

He said the World Health Organisation (WHO) recently developed a vaccine aimed at preventing the virus, but added that it was initially being tested in Brazil, Uganda, Rwanda and Thailand, where AIDS has had a greater impact.

Meanwhile, the Pakistan Government has tightened the country's health laws, and now requires foreign nationals arriving for a stay of more than one year to provide a certificate showing they are AIDS-free.

Buryat SSR Prepares to Fight AIDS

91WE0251a Moscow MEDITINSKAYA GAZETA
in Russian 16 Dec 90 p 3

[Article by V. V. Vasil'ev; Staff Correspondent "MG", Ulan-Ude: AIDS: Know It and Combat It; The Virus Crosses Baykal]

[Text] Yet another point, Ulan-Ude, has appeared on the map of the distribution of HIV infection in our country.

"A married couple, the M.'s, have been found to be carriers of the HIV infection," says Deputy Minister of the Buryat SSR Ministry of Health. "The head of the family was working abroad on contract. Last year his wife was also there with him. Upon their return they were examined in Moscow, where the virus was found to be present in their blood. A secondary, more in-depth examination, carried out at our request unfortunately confirmed the initial diagnosis."

"In our turn, we ourselves carefully checked the contacts of the M.'s. All their close acquaintances were healthy. It was clarified that neither the husband nor the wife during this half year visited the usual medical institutions, that is, the danger of infection transmitted through scalpel, syringe, etc., was excluded."

"How is the republic preparing for the encounter with the encroaching 'plague of the twentieth century'? A republic center for the prevention of and campaign against AIDS has been created in Buryatiya; two anonymous offices in which about 120 thousand people have been examined have been opened. But this is clearly inadequate."

"The problems are the same as everywhere in the country: there are not enough test systems; medical services in the republic have been supplied with disposable syringes only to the extent of 10 percent of what is needed; special gloves are completely lacking."

"There is yet another difficulty: inadequate experience in communicating with foreign guests. Only two years have passed since Ulan-Ude became an open city for foreigners. In that short period of time thousands of tourists from various countries have visited here. A center for representative observers from the USA, who are monitoring the liquidation of medium-range rockets at one of the Siberian proving grounds, has been located in the capital of Buryatiya. The 'Michigan-Baykal' Soviet-American ecological forum took place here in the summer. And the flow of guests will grow in the future, because this rich region will elicit ever greater interest in foreign businessmen. For this reason the government of Buryatiya has undertaken the program 'Urgent Measures for the Prevention of and Campaign Against HIV Infection on the Territory of the Buryat SSR', which includes a plan of expeditious measures of both a medical and an economic character."

Mandatory AIDS Testing Decreed

91WE0248A Moscow MEDITINSKAYA GAZETA
in Russian 14 Dec 90 p 2

[Article: REGULATIONS for Medical Examination for the Identification of Infection with the Human Immunodeficiency Virus (AIDS)]

[Text] I. M. Denisov, USSR Minister of Health, approved the "Regulations for the Medical Examination for the Identification of Infection with the Human Immunodeficiency Virus (AIDS)" on October 4, 1990.

By decree of the USSR Supreme Soviet, "The Procedure for Putting into Effect the USSR Law 'On the Prophylaxis of AIDS'", the Law and Regulations were put into effect starting January 1, 1991.

1. The present regulations have been published on the basis Article 3 of the Law of the Union of Soviet Socialist Republics dated April 23, 1990, "On the Prophylaxis of AIDS", and establish the following procedure for the medical examination of citizens of the USSR, foreign citizens, and stateless persons living or present on the territory of the USSR, for the identification of infection with the human immunodeficiency virus (AIDS).

2. The following are subject to examination:

2.1. Donors of blood, blood plasma, and other biological fluids and tissues at the time of each donation.

2.2. Citizens of the USSR who are returning from service, business, or private trips abroad longer than 3 months in duration.

2.3. Foreign citizens or stateless persons who have come to the USSR for study, work, or other purposes, 10 days after arrival, taking due account of the provisions of para. 9 of the present Regulations, with the exception of foreign citizens or stateless persons arriving from countries whose certificates of examination for antibodies to the AIDS virus are recognized in the USSR.

2.4. Citizens of the USSR going abroad to countries according to the requirements of which a certificate regarding the passing of an examination for infection with the human immunodeficiency virus (AIDS) is necessary.

2.5. Citizens of the USSR and foreign citizens who have had sexual contact with AIDS patients or AIDS virus carriers, and who have been identified through epidemiologic examination, are examined once in 6 months for a year.

2.6. Those ill with the following clinical indications:

- febrile more than 1 month;
- with lymph node enlargement of two or more groups for more than 1 month;
- with diarrhea lasting more than 1 month;

- with unexplained loss of body weight or 10 or more percent;
- with protracted and recurring pneumonias or pneumonias not yielding to standard therapies;
- with protracted and recurring purulent bacterial or parasitic diseases, sepsis;
- with subacute encephalitis or mental deficiency in previously well individuals;
- with villous leukoplakia of the tongue;
- with recurring pyoderma;
- women with chronic inflammatory diseases of the female reproductive system of unclear etiology.

2.7. Patients with a suspected or confirmed diagnosis of the following:

- Kaposi's sarcoma;
- lymphoma of the brain;
- T-cell leukemia;
- pulmonary and extrapulmonary tuberculosis;
- hepatitis B, the HBs antigen carrier state (at diagnosis and 6 months later);
- cytomegalic virus disease;
- the generalized or chronic form of herpes simplex;
- recurring herpes zoster in individuals younger than 60 years;
- mononucleosis (3 months after the beginning of the disease);
- pneumocystosis (pneumonia);
- toxoplasmosis (of the central nervous system);
- cryptococcosis (extrapulmonary);
- cryptosporidiosis;
- isosporosis;
- histoplasmosis;
- strongyloidosis;
- candidiasis of the esophagus, trachea, bronchi, or lungs;
- deep mycoses;
- atypical mycobacterioses;
- progressive multifocal leucoencephalopathy.

2.8. Children born of HIV-infected mothers at birth, and 6 and 12 months after birth.

2.9. Patients systematically receiving transfusions of blood and its preparations (hemophilia, Werlhof's disease, von Willebrand's disease, anemia of various causes, etc.), once a year.

2.10. Pregnant women when placed on the pregnancy register and at 30 weeks of pregnancy; in case of the absence of data from an AIDS examination or of an obstetrical chart at the time of admission to an obstetrical department.

2.11. Pregnant women who are being examined for artificial termination of pregnancy.

2.12. Children admitted to resuscitation, oncological, thoracic, and hematological departments.

2.13. Individuals suffering from sexually transmitted diseases when they seek medical assistance and subsequently as indicated.

2.14. Medical personnel working with the AIDS virus or providing diagnostic, treatment, and direct service to AIDS patients, once a year.

2.15. Individuals from the risk groups: those suffering from drug addiction, toxic substance abuse, homosexuality and bisexuality; individuals working as prostitutes are to be examined twice a year.

2.16. Individuals from the risk groups entering investigatory isolators, corrective-labor institutions, and treatment-labor preventoria, at the time of admission and release.

2.17. Individuals without a definite place of residence, involved in vagrancy.

3. Citizens of the USSR, foreign citizens, and stateless persons who have declared a desire to be examined, including those who do wish to be examined anonymously.

4. The principal method of testing for AIDS is laboratory examination of the blood. Three to five ml of blood are taken from the vein by means of a disposable syringe (or by multiple use syringes, provided the regulations for their disinfection and sterilization are observed) and sent to a laboratory engaged in AIDS testing. In children the blood can be tested by the finger stick method.

5. The examination for the identification of infection with the human immunodeficiency virus (AIDS) is carried out only in state treatment and prophylaxis institutions.

6. Citizens of the USSR who are returning from service, business, or private trips abroad (longer than 3 months) are sent for examination to institutions of health protection organizations which have posted these citizens.

7. Foreign citizens or stateless persons who have come to the USSR for study are to be examined at institutions of health protection organizations 10 days after arrival and

during annual prophylactic medical examinations. Foreign citizens or stateless persons who have come to the USSR for work and other purposes are to be examined at the directions of the receiving organizations and individuals under whose aegis they have come. If the foreign citizen or stateless person so desires, a medical worker or representative of the consulate of the appropriate state may be present when the blood is drawn.

8. Upon the request of citizens of the USSR, foreign citizens, and stateless persons who have undergone laboratory or clinical examination, they will be provided a medical opinion of the established form (Form No. 082-1/u-88, approved by the USSR Ministry of Health 4/7/88) regarding its results.

9. Upon the request of citizens of the USSR, foreign citizens, and stateless persons, their repeat examination can be carried out at another health protection institution.

10. Diplomatic personnel of foreign diplomatic corps and consular institutions and other individuals enjoying diplomatic privileges and immunities on the territory of the USSR may be examined for the identification of infection with the human immunodeficiency virus (AIDS) only with their agreement.

The USSR Ministry of Health will coordinate suggestions to such individuals that they undergo examination beforehand with the USSR Ministry of Foreign Affairs.

11. The question of the possibility of the examination of personnel of international intergovernmental, nongovernmental and other organizations and institutions, as well as of those foreign representations which are accredited to the corresponding ministries, departments, and organizations is to be resolved with the participation of those ministries, departments, organizations, and institutions on the basis of international multilateral treaties and conventions, bilateral accords and practice.

12. Medical personnel and other individuals in the course of the performance of their duties who have been made privy to information regarding an examination for the identification of infection with the human immunodeficiency virus (AIDS) and to its results are obligated to keep this information in confidence.

13. The practical implementation of and responsibility for the execution of the present Regulations are imposed on the relevant ministries, departments, and organizations.

Director of the Main Epidemiological Administration of the USSR Ministry of Health, M. I. NARKEVICH.

Deputy Director of the Main Administration of the Organization of Medical Assistance of the USSR Ministry of Health, L. V. MAKAROVA.

Director of the Main Administration of Maternal and Child Protection of the USSR Ministry of Health, I. A. LESHKEVICH.

NOTE. The list of diseases for which an examination for the identification of infection with the human immunodeficiency virus (AIDS) is carried out was composed with account taken of the recommendations of the World Health Organization (WHO Bulletin, 1988, Vol. 66, No. 2).

The "Regulations for the Medical Examination for the Identification of Infection with the AIDS Virus (Acquired Human Immunodeficiency Syndrome)" approved by the USSR Minister of Health, August 28, 1987, are to be considered null and void.

Anonymous AIDS Testing in Kharkov

91WE0273A Moscow KOMSOMOLSKAYA PRAVDA
in Russian 6 Mar 91 p 4

[Article by A. Plagnyuk, Staff Correspondent Komso-molskoye Znamya: Look After Yourself! Are You Afraid?...]

[Text] "Are you afraid of AIDS?" A group of sociologists was stopping passersby on a central street with such a question.

"No," I answered firmly [the writer is a woman- Tr.].

Then I walked away a few steps and started to think, was I right to be so categorical? True, I'm not a vagrant, not a narcotics addict, and thank God, I don't associate closely with dangerous people. Doesn't that mean that AIDS doesn't threaten me? But after all, the children in Elista were pure and innocent.

The only(!) confidential consulting room in the oblast has been operating for four years in Kharkov. Here one can be examined for AIDS. The physicians guarantee anonymity on request of the patients.

Have many people come here? It turns out that there have been hardly more than ten thousand. I will remind you that Kharkov is a city of almost two million, and the examining room is the only one.

Lecturer G. M. Parafeinik, who has worked 35 years in the Infectious Disease Department of the Kharkov Medical Institute, noted sadly:

"At first both the city health department and the police were worried and sent us people from the risk group, vagrants, from the reception and distribution centers. But that didn't last long. This year they send us only those who have served abroad. This is to the credit of the Military Commissariat. For the rest, all is peace and harmony. We have tested two thousand individuals, an infinitesimally small number."

"Today, for instance, there were only two," nurse L. I. Kutsevalova chimed in.

Thank God, so far we do not have emaciated AIDS patients. But... As G. M. Parafeinik told me, more than 30 foreign citizens, virus carriers and patients, have

already been deported to their home countries. Since these are mainly students, it is difficult to state with certainty that they have lived a monastic life style. How many contacts did they have, with whom? And now, who can answer these questions?

"The serenity of our authorities surprises me," says Gogorii Mitrofanovich. "You see, I have read the materials of our oblast party conference. What didn't they talk about: about the ruined state of the economy, the party budget, etc. But nowhere, not once did I hear that the party was disturbed about the scandalous immorality, the lack of culture of our people."

"In our huge city, you will not find publicity, not even the usual notice about the confidential consulting room. How many times have I turned to the city health department- no one needs anything, AIDS is somewhere, not here, there's no AIDS yet. Not yet..."

As I was leaving, the third visitor of the day was dropping into the consulting room.

"Are you afraid of AIDS?", I asked.

The young fellow was offended:

"What do you take me for? The Military Commissariat is forcing us."

Organizing the Prevention of HIV Infection in Treatment-and-Prevention Facilities of the Soviet Army and Navy

91WE0459 Moscow VOYENNO-MEDITSINSKIY ZHURNAL in Russian No 3, Mar 91 pp 42-45

[Article by Col. Med. Serv. N. B. Belgesov (candidate of medical sciences), Col. Med. Serv. (Res) V. I. Dmitriev (professor), Col. Med. Serv. (Ret) M. A. Zolochevskiy (Docent), Lt. Col. Med. Serv. V. V. Sheybuk (candidate of medical sciences)]

UDC 616.9-097[-02:616-08:725.511]-084:355

[Text] The epidemiological significance to the military of acquired immune deficiency syndrome, the pathogen of which is the human immunodeficiency virus, stems from the pandemic spread of the infection in recent years. WHO experts feel that, in light of the absence, to date, of specific means of treating or preventing that lethal illness, the most effective means of fighting it consist of protective measures aimed at explaining the causes of the disease and the mechanisms of its transmission; the proper behavior of the individual in his personal life; and the recognition by the individual of his responsibility for preserving his own health and the health of those around him. As essential role in the fight against the disease belongs to the adherence to preventive measures by the population as a whole, by ill (infected) individuals, and by medical personnel in treatment-and-prevention facilities (Rytik P. G. et al., 1988; Vorobyev A. I., 1989).

According to the available data, primary infection and subsequent long-term persistence of HIV takes place not only in the T lymphocytes and macrophages, but also in the cells of, for example, the central nervous system and the epithelium of the mucosa of the large intestine. The pathogen is isolated in the sperm and the vaginal contents, as well as in mothers' milk, the saliva, lacrimal substances, urine, and feces. It is also contained in the blood and spinal fluid. In addition, the epidemiological significance of certain transmission factors is rather high, whereas for the rest it is low. For example, 0.01 ml of blood is enough to infect a healthy individual ("AIDS: The Safety of Blood and Blood Products, 1987"). Consequently, there is a real threat of contamination with HIV not only for individuals belonging to risk groups (drug addicts, promiscuous individuals, homosexuals, bisexuals, blood and blood-product recipients, venereal-disease patients, etc.), but also for individuals who receive infusions of blood or blood products that have not been checked for HIV antibodies or who undergo surgery or various procedures performed with nonsterile medical instruments that are used to violate the integrity of the skin or mucosal membranes.

As a result, special attention should be devoted to the prevention of HIV infection and to the observance of epidemic-control measures in treatment-and-prevention facilities, including those in the Armed Forces and primarily in surgical, resuscitation-anesthesiology, gynecology, dental, laboratory, and children's departments and, among others, blood-transfusion departments and stations.

That conclusion is confirmed by the tragic events that took place in the republic children's and infectious hospitals in Elista, where, in January 1989, doctors identified multiple instances of HIV contamination that affected, according to incomplete data, 73 children and 10 adults (Dikun Ye., 1989). The intrahospital infection was the result of multiple intravenous transfusions with syringe systems contaminated with the blood of a patient who was a virus carrier, something that is considered the grossest violation of the regulations for the sterilization and use of medical instruments.

At the same time, we must now also consider the possibility of the direct infection of the medical workers themselves who are treating or nursing individuals who have not been tested for blood-borne antibodies to HIV, as well as medical workers who are performing surgery on those individuals. A number of published researchers estimate the level of transmission of HIV to medical personnel from AIDS patients (or virus carriers) to be at 0.1% of the total number of those tested; at the same time, when procedures involving blood are performed, the risk of the medical workers becoming infected rises, as might be expected, to 2.7% (Gerderding J. L. et al., 1987). Consequently, there is, from that standpoint also, an urgent need for regulations that are stricter and more rigid when it comes to the protocols for medical personnel working in that area.

The AIDS pathogen, as with other lipid-containing viruses, loses its virulence and its sensitivity to everyday disinfectants (ethyl alcohol, heat treatment, etc.) relatively quickly when it leaves the human body and makes its way to objects of our environment. In spite of its relatively low stability in the environment, it can maintain its virulent properties at room temperature (20-22°C) for 10 days in a dry environment or a damp environment. In solutions containing stabilizers (proteins, carbohydrates, peptides), the stability of HIV increases substantially. Its residual "infectivity" is especially pronounced in dried protein-containing materials—blood, sperm, saliva, etc. (Barre-Sinoussi J. *et al.*, 1985).

HIV is comparatively resistant to UV and is relatively resistant to ionizing radiation (gamma radiation). Likewise, neither human saliva nor lacrimal fluid has sufficient virus-inhibiting activity (Daniels G. V., 1986).

When a virus-containing material has a moisture content of less than 1.0%, total inactivation of HIV does not come for 30 minutes at 60°C ("AIDS and Blood Transfusion," 1986). Spontaneous elimination of viral activity in such materials at room temperature takes place after 10 days. For example, at 25°C, the activity of the virus in dried samples can maintain itself for up to two weeks; at 37°C, for 11 days. To inactivate HIV in those cases (at 60°C), the virus-containing material must be heated for 1.5-2 hours. In connection with that, foreign firms everywhere use a technology for disinfecting blood plasma of the virus, with the production of factor VIII and others by means of heating to 80°C for seven hours ("AIDS: The Safety of Blood and Blood Products, 1987").

The AIDS pathogen is quickly eliminated (within minutes) in aqueous solutions of 0.5% neutral calcium (or sodium) hypochlorite, chloramine (1-2%), formaldehyde (2%), hydrogen peroxide (4%), phenol (5%), lysol (1%), and, among other things, 40-70% ethyl alcohol. The temperature factor (boiling, saturated water steam, calcination) also completely inactivates the virus very quickly. The generally used regimes of chamber disinfection that use a gas-vapor or a formalin-vapor method in mobile disinfection units (DDA-66, DDA-2, DDA-3, and DDP-2) or stationary disinfection units provide complete disinfection of HIV-contaminated bedclothes or underwear, robes, clothing, etc. (OST 42-21-2-85).¹

It should be kept in mind that the detergents and soap usually used for laundry are not, as a rule, sufficiently active against the virus, but in a concentration of 0.1% of the active ingredient, they quickly (within 20-30 minutes) inactivate the pathogen. Organic solvents (30% isopropyl alcohol, acetone, dichlorethane, ether, chloroform, etc.) produce a similar effect. In smears fixed with Nikiforov mixtures or equal mixtures of alcohol and acetone, total inactivation of the virus comes after 10 minutes (Ivanov N. R. *et al.*, 1987).

HIV is totally inactivated in the process that destroys the hepatitis B virus (boiling in 0.5% solution of soda for 1-2

hours, a presterilization regime, disinfection and sterilization of instruments, strict observance of the technology for obtaining blood and its preparations, hepatitis B vaccine, etc.). Blood preparations and vaccines do not contain live vibrios of HIV and do not present a danger of infection (Korolyuk A. M. *et al.*, 1987; Shevelev A. S., 1988).

Of especial significance in the complex of measures to protect against HIV infection is the observance of personal prophylaxis measures and the requirements of the sanitary and epidemic-control regime by personnel of treatment-and-prevention facilities (Pokrovskiy V. I. *et al.*, 1988). For example, when the risk of HIV infection is elevated (during the nursing or treatment of AIDS patients or virus carriers, when conducting diagnostic or other invasive tests, when taking blood from a vein, when performing surgery, etc.), medical personnel must work in protective clothing—a surgical gown, surgical cap or head covering, rubber gloves, four-ply gauze face mask, protective goggles; they must also use a plastic shield. Disposable syringes, disposable plastic laboratory dishes, and disposable dressing material must be introduced universally, in all military medical treatment-and-prevention facilities.

Measures of personal safeguards should be followed strictly during work, especially in procedures involving cutting or piercing instruments, so as to prevent the skin becoming contaminated with blood and especially to prevent the skin being broken. Blood for HIV testing should be drawn, when possible, not in a glass vessel, but in a polychlorvinyl vessel (such as in a micro test tube that holds 1.5 cu cm). Turning the test tube over to mix the blood serum must be done only if the tube has a tight-fitting cork and the index finger is enclosed in a protective sheath or, best of all, rubber gloves are worn. When blood is drawn from a finger for laboratory testing, a special disposable needle/lance and a separate pipet should be used for each individual being tested.

The risk of infection with HIV from needle pricks is no greater than 1%, whereas the frequency of infection is 6-30% in cases involving viral hepatitis B ("Guidelines for the Protection of Health Care, [sic] Workers in Caring for Persons Who Have Some Form of HTLV-III/LAV Infection," 1986; Gerderding J. L. *et al.*, 1987). That is probably due to the low level of the spread of AIDS among the population at the present time, the low concentration of the pathogen in the blood of infected individuals, and the comparatively weak resistance of the pathogen to various disinfectants. At the same time, the possibility cannot be precluded of a broad adaptation of HIV as it mutates in its passages through the human body. Three cases are described in which personnel became infected with the virus when the blood of an AIDS patient got on their skin (Ezzell G., 1987). The infection probably occurred because the individuals had microinjuries of the skin (that was proved in one case), because they had no apparent injury to the skin and there were no other explanations for the infection.

If the skin becomes contaminated with blood or with other biological fluids or excretions from an AIDS patient (or virus carrier) or from someone suspected of having AIDS, a tamponade must be used immediately to remove what is left of the infected material, and the contaminated part of the body must be decontaminated (70% ethyl alcohol, 4% solution hydrogen peroxide, 3% solution chloramine) and washed with warm water and soap. If the skin is broken, the individual must stop working, remove the rubber gloves, disinfect them, leave the area, squeeze the blood from the wound, and treat the wound with a 5% alcohol tincture of iodine. After washing the hands, the individual must cover the injured spot with a white patch or with a rubber finger sheath. Depending on the injury, the work can then be continued, although such individuals should be put under dispensary observation and must be tested for the presence of HIV antibodies three months later and six months later.

Blood or its components or other biological fluids suspected of HIV infection should be transported to diagnostic laboratories in plastic containers only that are placed in well-sealed metal boxes or containers that are disinfected with traditional means of decontamination. Disposable micro test tubes can be used for the samples, and the "dry drop" methods can be used, i.e., transfer of the blood serum by means of applying it to filter paper.² When working in the laboratory with such materials, one should use automatic pipets only, with removable ends, or any other automatic metering devices. Sucking with the mouth is categorically forbidden.

Massive parenteral injections of military personnel with vaccines or allergens is done, as a rule, by specially trained personnel who use disposable syringes or a separate needle and syringe for each individual. All procedures involving suspected material (the drawing off of serum, the decontamination of instruments and laboratory ware, etc.) are done right in the workplace, on a table that is separate from the others, over an enamel vessel whose bottom is covered with a four-ply gauze napkin soaked in a 3% chloramine solution or a 4% hydrogen peroxide solution. When the work is finished, the surface of the table, plus any other objects that could be contaminated, is decontaminated by being wiped or soaked with one of the disinfectant solutions. The needles, syringes, other instruments, test tubes, pipets, and glass sticks that are used are immersed in a 4% hydrogen peroxide solution or a 3% chloramine solution for no less than two hours. For that purpose, laboratories and other departments must have special containers holding a disinfecting solution for soaking the dishware, the instruments, the removable ends of the automatic pipets, etc., as well as for cleaning the gloves and hands of the personnel. All departments are equipped with stocked medicine chests.

After the dishware, the ends, and the instruments have been soaked, they are removed from the container that same day or the following day and are immersed for 15 minutes in a 5% cleaning solution (Astra, Lotos,

Progress, etc.) that has been heated to 50°C; they are then scrubbed a number of times and then rinsed carefully, first in tap water, then in distilled water. The instruments and dishware are checked for removal of biological fluids with the reagent azopyram (OST 42-21-2-85). If none is available, orthotoluidine or amidopyridine can be used. Removal of the cleaning agents is checked with 0.1% alcohol solution of phenolphthalein. In clinics, laboratories, and other departments, the senior nurse (or senior laboratory technician) checks the instruments and dishware at least once a week, making a note in a log for the evaluation of the quality of presterilization. A similar check is made once a quarter by specialists from sanitary-epidemiological facilities.

Depending on their heat-resistance, chemical stability, etc., medical articles can be decontaminated by being boiled in distilled water for 30-35 minutes, boiled in a 2% soda solution for 15-20 minutes, placed for 20-25 minutes in a steam sterilizer with a steam pressure of 0.5 kgf/cm², or placed in a hot-air sterilizer for 45 minutes at 120°C. At the same time, sterilization is best done in central sterilization departments (or rooms) of treatment-and-prevention facilities. There, needles, syringes, and other articles are sterilized in a steam sterilizer at a steam pressure of 1.1 kgf/cm² (120°C) for 45 minutes or at a pressure of 2.0 kgf/cm² (200°C) for 20 minutes. In sterilization with the hot-air methods, the working temperature must be 160-180°C for 150 minutes or 60 minutes, respectively (OST 2-21-2-85).

Rubber gloves and other low-resistance articles are boiled (as indicated above) or are decontaminated chemically by being immersed in a 1-3% chloramine solution or a 3-4% hydrogen peroxide solution for two hours. Expensive medical equipment (such as optical instruments) and documentation are decontaminated by being wiped with 70% ethyl alcohol.

In the event of an accident (in which blood or other biological fluids are splashed out), the surface of working tables and laboratory equipment are also treated with a disinfecting solution. If the accident occurs with a centrifuge, then its lid should not be opened until 30-40 minutes after it stops. The centrifuge cup with the material and the broken glass should be immersed in a disinfecting solution. The surface of the lid, the interior of the centrifuge, exterior of the centrifuge, and the other cups should also be disinfected.

When material that could be infected with HIV is being kept in a refrigerator, measures should be taken that prevent the contamination of the refrigerator. In such conditions, the refrigerator must be defrosted and decontaminated, and the condensation water must also be treated with a disinfecting solution.

Thus, at the treatment-and-prevention facilities, medical stations, and infirmaries in military units and on ships, personnel should strictly observe epidemic-control measures and the regulations for cleaning, washing, disinfection, and sterilization of medical instruments—above all

the surgical, dental, and gynecological instruments—as specified by existing requirements. The heads of facilities (or departments) bear direct responsibility for that. In addition, individuals must be appointed from among those who perform presterilization to be responsible for that procedure.

All these recommendations need to be clarified and fleshed out according to the specific features of the professional duties of the individual categories of medical personnel—surgical, traumatological, resuscitation, and child-birth teams; dentists, pathologists, and forensic medicine experts. General safeguards in handling blood and other biological fluids must be combined with measures that deal with the specific work done by specialists.

Footnotes

1. Sector standard No 42-21-2-85 "Sterilization and disinfection of medical articles. Methods, systems, and regimes." Enacted by USSR Ministry of Health order No 770 (1985) and a 1986 USSR Ministry of Defense Central Military Medical Directorate directive.
2. "Instruktsiya po diagnostike i profilaktike sindroma priobretennogo immunodefitsita v Sovetskoy Armii i na Vojenno-Morskoy Flote: Instruktivno-metodicheskiye ukazaniya" [Instructions for the Diagnosis and Prevention of Acquired Immune Deficiency Syndrome in the Soviet Army and Navy: Procedural Instructions]. Moscow, 1988, 23 pp.

References

Vorobyev A. I. "AIDS and Features of the Medical Measures Taken for That Infection in the U.S. Armed Forces." VOYEN.-MED. ZHURN., 1989, No 1, pp 67-70.

Dikun Ye. "Shall We Wait Until Monday?" NEDELYA, 10-18 Apr 1989, p 20.

Ivanov N. R., Drankin D. I. "SPID" [AIDS]. Saratov: Izd-vo Saratov University, 1987, 76 pp.

Korolyuk A. M. et al. "New Data on Acquired Immune Deficiency Syndrome." VOYEN.-MED. ZHURN., 1987, No 6, pp 41-45.

Pokrovskiy V. I., Pokrovskiy V. V. "Sindrom priobretennogo immunodefitsita" [Acquired Immune Deficiency Syndrome]. Moscow: Meditsina, 1988, 48 pp.

Rytik P. G. et al. "SPID" [AIDS]. Minsk: Belarus, 1988, 128 pp.

Shevelev A. S. "SPID—zagadka beka" [AIDS—The Riddle of the Century]. Moscow: Sov. Rossiya, 1988, 144 pp.

"AIDS and Blood Transfusion." In "Proceedings of the International Symposium held in Turin, 13-15 June 1985." Turin, 1986, 227 pp.

"AIDS: The Safety of Blood and Blood Products." Chichester, etc.: Wiley & Sons, 1987, 375 pp.

Barre-Sinoussi F. et al. "Resistance of AIDS Virus at Room Temperature." LANCET, 1985, Vol 2, No 8457, pp 721-722.

"Guidelines for the Protection of Health Care, [sic] Workers in Caring for Persons Who Have Some Form of HTLV-III/LAV Infection." N.Y. State J. Med., 1986, Vol 86, No 11, pp 587-591.

Daniels G. V. "AIDS: The Acquired Immune Deficiency Syndrome," 2nd ed. Lancaster, etc.: MTP Press Lim., 1986, 189 pp.

Ezzell C. "Hospital Workers Have AIDS Virus." NATURE, 1987, Vol 327, No 6120, p 261.

Gerderding J. L., Henderson D. K. "Division of Rational Infection Control Policies for Human Immunodeficiency Virus Infection." J. INFECT. DIS., 1987, Vol 156, No 6, pp 861-864.

Gomel Oblast Registers Six HIV Cases

91WE0414 Minsk SOVETSKAYA BELORUSSIYA
in Russian 3 Apr 91 p 1

[Article by P. Radechko, special correspondent for SOVETSKAYA BELORUSSIYA: "From the Maternity Hospital With...AIDS"; first paragraph is source introduction]

[Text] No, in this case the medical workers were not guilty—the parents were. A thoughtless act by one of them turned into a horrible tragedy not only for both spouses, but also for the one to whom they gave life.

"HIV infection" was the diagnosis given for the newborn child in one of the maternity hospitals in the Gomel area.

"Six cases of HIV infection have now been recorded in our oblast," reported L. I. Yurevich, epidemiologist for the Gomel City Sanitary-Epidemiology Station. "That's a bad sign. After all, in three oblasts of Belorussia, there has not been a single HIV infection. Such preeminence is not flattering to the residents of Gomel or, for that matter, to the residents of Minsk, where 13 cases have been recorded."

Of course, each individual is responsible for his own behavior, his own health, and the health of the members of his family. But with our poverty and with the lack of necessary instruments, it's not wise to acquire an illness either in a hospital or in a polyclinic. How, for example, is one to relate to the fact that, over the past year, the Gomel City Stomatological Polyclinic No 1 has not received a single set of forceps?

Warning Issued on Increase in AIDS Cases

*LD2910100491 Moscow TASS in English 0908 GMT
29 Oct 91*

[Text] Moscow October 29 TASS—"We should ring all the warning bells to get the message across about the danger of AIDS. It attacks mercilessly and inevitably," said N. Sirotkina, chief specialist on AIDS of the Russian State Committee of Sanitary and Epidemic Inspection in an interview with the "PRAVDA" newspaper.

The Russian Federation had 502 HIV-positive cases registered by September 1. These included 267 children, 346 foreigners and 55 cases of full blown AIDS, 33 of which have now died.

"AIDS infection has been registered in 44 regions and autonomous republics of Russia. But this is only an official figure, nobody knows the real number of HIV-positive cases," warns the chief expert on AIDS.

"We are worried about the accelerated spread of the AIDS virus. We now have 20 times more cases registered than five years ago," Sirotkina pointed out.

First AIDS Case Diagnosed in Altay Kray

*PM2911140991 Moscow PRAVDA in Russian
23 Nov 91 p 2*

[Report by correspondent S. Vtorushin report under the rubric "Around the Country: AIDS Reaches the Altay"]

[Text] Barnaul—The first AIDS sufferer has been recorded in Barnaul. She is a 32-year-old mother of two. Doctors are not ruling out any mode of infection.

The telephone is constantly ringing at the kray's Center for the Prevention and Combating of AIDS. Many people want to be tested for AIDS, but that is not easy. The conditions for that do not exist in Barnaul. The patient spent almost a month in the hospital before the dreaded virus was detected. AIDS was diagnosed by Moscow physicians after receiving materials for analysis.

There are supposed to be 26 doctors and 31 nurses on the staff of the kray's Center for the Prevention and Combating of AIDS. But there are currently just eight people there. The center has just 16 square meters of space and it is impossible to organize normal work in that area.

Medical Sciences President Reveals AIDS Statistics

LD3011234991 Moscow TASS International Service in Russian 1625 GMT 29 Nov 91

[Article by TASS correspondent Marina Barinova]

[Summary] Moscow, 29 Nov (TASS)—Valentin Pokrovskiy, president of the USSR Academy of Medical Sciences, stated in a TASS interview that in the USSR as of mid-November 672 people were HIV positive and 57 were suffering from AIDS, of whom approximately 40 have died. The struggle against AIDS in the Soviet Union has not been helped by the disintegration of the Union, resulting in a division of effort. However, "fundamental AIDS research in the USSR is on a world level. The interaction of the virus and the cell are being studied, molecular-biological research is being carried out, and an original method for obtaining azidothymine has been synthesized."

Latvia Notes Current AIDS Statistics

LD0312034591 Riga Radio Riga International in English 2130 GMT 2 Dec 91

[Text] Yesterday the whole world marked the day for fight against AIDS. Currently only one man in Latvia has died from this plague of the Twentieth Century, but at the same time there are 528 virus carriers officially registered by the Latvian Health Protection Authority.

According to these officials, only one virus carrier has caught the AIDS virus, in a nonsexual way, undergoing an operation in Africa where he worked for a while. Statistics show that medical treatment of just one AIDS virus carrier in Latvia cost approximately 80,000 rubles.

BELGIUM

Government Presents AIDS Research Program *91AN0544 Groot-Bijgaarden DE STANDAARD in Dutch 11 Sep 91 p 7*

[Article signed HVDE: "State Secretary Derycke Presents AIDS Research Program; Walloons More Generous Than Flemish"]

[Text] Antwerp—Belgium's top AIDS researchers are to receive a fair amount of money during the next 4 years. To maximize the funding of AIDS research, a cooperation agreement was reached between the national authorities and the Flemish and Walloon communities, resulting in a total budget of 381 million Belgian francs (BFr). This was announced yesterday at the Institute of Tropical Medicine (ITG) by Erik Derycke, state secretary for research policy.

This is the first time that the authorities coordinate their support to AIDS research in Belgium, a country which had already succeeded in gaining worldwide recognition for its AIDS research. Derycke said that "it can no longer be tolerated that these top researchers have to make do with foreign and private funds; the time has come for the authorities to accept their responsibilities in the area of public health."

The Ministry of Research Policy contributes BFr 180 million, of which 45 percent (BFr 81 million) is for French-speaking researchers and 55 percent (BFr 99 million) for their Dutch-speaking counterparts. The Flemish community has added another BFr 99 million while the French-speaking community is BFr 3 million more generous and has contributed 102 million. In total, this amounts to BFr 198 million for researchers of the Dutch-speaking community and BFr 183 for the French-speaking.

BFr 341 million of the total of BFr 381 million have already been allocated. The remaining BFr 40 million will be made available following the second call for proposals to Dutch-speaking researchers for projects in the areas of AIDS prevention, patient care, and the legal, ethical, and economic consequences of being infected.

In Flanders, most of the budget (BFr 128.5 million) is to be put into basic research. Peter Piot of the ITG is to receive funds for his research into the variability of AIDS viruses in Africa and Belgium; his colleagues Guido Van der Groen and Martine Peeters for the study of chimpanzee viruses which are akin to the HIV virus found in humans.

A research proposal submitted by Erik De Clercq of the Leuven-based REGA institute has also been accepted. De Clercq is the world's leading specialist in the field of development and testing (in test tubes) of drugs against the AIDS virus. De Clercq cooperates with Peter Piot of the ITG for clinical testing. Other basic research projects that were accepted were submitted by following

researchers: Borremans and Vandekerckhove (University of Ghent); Wijns, Thielemans, and De Baetselier (Free University of Brussels); and Huygen (Pasteur Institute).

In the field of epidemiological research, Maria Laga of the ITG has been allocated BFr 8 million, i.e., more than 5 percent of the total budget for Flanders. Laga is conducting research into the role of other venereal diseases in heterosexual transmission of the AIDS virus in Africa. She seeks to develop methods to protect African women from the AIDS virus and other venereal diseases during sexual contact without being dependent on men, which is the case when a condom is used.

Eight percent of the Flemish budget (BFr 13.2 million) is to be used for research into high-risk behavior. Researchers Van Hove (UIA, University Institute of Antwerp) and Casselman (Association for Alcohol and Other Drug Problems) are investigating the correlation between sexually riskful behavior, illegal drug use, and AIDS. Finally, researchers Damen (UIA) and Van Oost (RUG, State University of Ghent) will receive BFr 8 million for research related to the behavioral influence of school and for "research into the effects of a multifaceted AIDS prevention program on adolescents and young adults."

Strategy for Combating AIDS

*92WE0034A Brussels LE SOIR in French 11 Sep 91
p 15*

[Article by Jacques Poncin: "Belgium (Finally) Discovers AIDS"]

[Text] Over the next four years, Belgium is going to spend 381 million Belgian francs [FB] on AIDS research. Undoubtedly not a fabulous amount, and that "effort" still does not place us among the best in the world in this area. But beyond the figures, we should doubtless salute not only this first step in implementing the often reiterated intention of the authorities to make the fight against that epidemic a real priority but also the fact that it constitutes something of a first in the institutional field, since this program links the central government and the communities.

It was Eric Derycke, secretary of state for scientific policy, who kicked off the program on Tuesday at the Institute of Tropical Medicine in Antwerp, where the virology lab is headed by Prof. Peter Piot. He explained that Belgium was finally going to fulfill the moral obligation that every scientifically developed country has to combat the scourge in question, which is infinitely worse in the poor countries and in Africa in particular. Moreover, our government authorities finally seem to have realized that we have research teams deserving of support.

In any case, that abundance of gray matter was verified as soon as the program was announced, since the secretariat was literally inundated with requests whose combined budgets would exceed FB1 billion! All those projects were submitted to a jury consisting exclusively of foreigners, who ranked them and marked 60 percent of them "excellent"! The obvious result was the need to be particularly selective, it being understood, furthermore, that we are in Belgium and the need to mix things in certain proportions is unavoidable. In addition, the international experts were asked to "review" the requested budgets, the specific result being that it was possible to shave 25 percent off their total.

To carry out the program, the national government—that is, the Secretariat of State for Scientific Policy—contributed FB180 million distributed according to the traditional formula: meaning FB99 million for Flanders and FB81 million for the French Community. The latter, being generous, threw FB102 million into the kitty, while Flanders was content to contribute FB99 million. The result was FB183 million on the French-speaking side and FB198 million for the Flemings. The latter, who had 14 projects accepted, are supposed to contribute another FB40 million. A large share of that money will go to the Institute of Tropical Medicine and the team headed by Prof. Erik De Clercq (KUL [Flemish Catholic University of Louvain]), an internationally recognized expert on antiviral medicines.

The French speakers had 10 projects accepted. Those budgets will go to Professors Arsene Burny and Ruysschaert (ULB [Free University of Brussels]) for basic research into the mechanisms by which the virus enters cells; Urbain (ULB) for analysis of the mechanism by which an infected individual's immunity is lowered; Portetelle (UCL [Walloon Catholic University of Louvain]) for an approach to the role of the HIV virus in regulating immune cells; Van Snick (UCL) for a description of the activation of white corpuscles in the presence of the virus; Boniver (Liege University) for research concerning the phase during which the virus seems inactivated; Moonen (Liege) for a biological description of the HIV's attack on the nervous system; Levy (ULB) for a clinical and psychosocial approach to transmission from mother to infant; Stroobant (Institute of Hygiene and Epidemiology) for a project for monitoring the virus in a population of individuals with other sexually transmitted diseases; and, lastly, Hubert (University Faculty of Saint Louis) for work on sexual behavior in response to the threat of AIDS.

Amsterdam To Replace Boston

It is not yet official, but it might as well be: The next international conference on AIDS will be held in Amsterdam.

The big meetings held every spring by all the AIDS experts from around the world are scheduled far in advance. For example, it has already been agreed that the meeting will take place in Japan in 1993 and in Berlin

the year after that. But for 1992, things are different. Until a few months ago, everything was settled. The meeting was supposed to be held in Boston, the home of two of the most prestigious U.S. scientific institutions, MIT [Massachusetts Institute of Technology] and Harvard. In fact, it was the latter university which was playing the biggest role in organizing the meeting under the leadership of Prof. Max Essex. But the U.S. Government took all necessary steps to discourage the scientists, who had already come close to boycotting a previous meeting in San Francisco, by sticking to its immigration rules, which are a model of their kind when it comes to excluding seropositive individuals. In the face of Washington's stubbornness, the International AIDS Society decided to cancel its 1992 conference. But the people in Boston felt that they could not accept such a muddle and appointed one of their own, Prof. Jonathan Mann, the former "Mr. AIDS" of the WHO, to find a city that would agree to welcome the organization.

According to our information, the Dutch authorities have decided to accept the challenge. So since Boston is out, Amsterdam is in.

FINLAND

Kuopio Cuts Funds for AIDS Center

*92WE0055C Helsinki HELSINGIN SANOMAT
in Finnish 21 Jun 91 p 5*

[Unattributed article: "Kuopio Evicts AIDS Center"]

[Text] The Kuopio AIDS Center has been evicted from its office space due to economizing actions by the city health department. The continuation of the center is questionable because, according to its statement, it does not have the funds to rent new office space. Eastern Finland's only AIDS center has been in operation less than five years in a space at the health department in Kuopio. The department plans to sell the space, and the center will have to leave by the end of July. Up until now, the city has provided the space free of charge.

AIDS Carrier Who Endangered Others Imprisoned

Two-Year Sentence

*92WE0048A Helsinki HELSINGIN SANOMAT
in Finnish 2 Oct 91 p 5*

[Unattributed article: "Man Gets Two-Year Sentence for Knowingly Spreading AIDS; Infected Friend Dies During Trial"]

[Text] An Espoo man was sentenced on Tuesday in Helsinki City Court to two years in prison for knowingly infecting his male friend with AIDS. The sentence does not qualify for probation. The court held that the man had committed aggravated assault and involuntary manslaughter at the same time.

This is the first criminal case in Finland that concerns the conscious spreading of AIDS. According to the victim's lawyer, Heikki Salo, the case was also the first in the Nordic countries, but Germany, for example, has already issued at least three condemning verdicts.

The prosecutor and the infected man's relatives had demanded that the suspect be punished for manslaughter. The infected man died of AIDS during the course of the trial.

The court held that the man had contracted the HIV [human immunodeficiency virus] infection during unprotected sexual contact with the suspect. The relationship between the men had lasted over a year, from the summer of 1986 to the fall of 1987.

The suspect had known he was carrying HIV during their relationship but had concealed the information from his male friend. The court held that the suspect should have understood that sexual contact could cause the victim to contract a serious disease.

The court held that the male friend, for his part, had also contributed to his infection inasmuch as he had not used protection.

The suspect was ordered to pay the victim's relatives 75,000 markkas in damages. Furthermore, he was ordered to cover the funeral and legal expenses.

Case Goes to Court of Appeals

The case will probably continue to be heard in the Helsinki Court of Appeals. The victim's relatives will at least appeal the city court decision, says Salo. Also, the suspect's lawyer, Leo R. Hertzberg, believes that he will take the case to a higher court.

Hertzberg says he is relieved about the decision, or at least that the suspect was not convicted of manslaughter. "During the trial, I have become more convinced that the way to fight the spread of HIV is by insuring that infected persons seek treatment. Everyone should also be reminded of his own responsibility—that is, to practice safe sex."

The Espoo man is free pending the decision of the Court of Appeals. After that, he can appeal for postponement of his sentence if the Supreme Court grants the case an appeal.

The entire trial was held behind closed doors, and all documents are being kept secret. However, the court released a summary of the reasons for the decision because of the fundamental meaning of the issue. Ombudsman Jacob Soderman recommended last week, in connection with one of his decisions, that the lower courts prepare short summaries of their decisions, even when cases have been heard secretly.

Physicians Should Intervene With Carriers

Salo hopes that the Helsinki City Court decision will lead to greater responsibility among HIV carriers. However, he thinks there should be other methods, in addition to criminal legislation, to deal with those who deliberately transmit the disease.

"As a lawyer, I find that regulations concerning this issue is really very primitive. Physicians should have thought of some ways to discipline deliberate transmitters."

Salo thinks that the first step in the right direction is better testing of the risk groups so that they, at least, will not unknowingly transmit the disease. "So many refuse the tests because they have reason to fear positive results."

Salo thinks that many are too trusting of HIV carriers.

"Unfortunately, those infected with the virus are not always aware of being infected, and this is true whether in Finland or elsewhere; otherwise, the epidemic would be well under control. Everywhere in the world there are people who have decided not to care about anything because their lives are gone. They hand on the misfortune."

HIV Carrier Cannot Be Isolated

Salo does not, however, believe in enforced isolation modeled in Sweden. In Sweden, a person suspected of deliberately transmitting HIV can be cut off from the rest of society by a court decision.

In Finland, an HIV carrier cannot be forced into isolation or treatment because the HIV infection has not been classified as a disease holding an imminent threat to the public by an infectious-disease law.

Infectious diseases have been divided into three categories by law: those that hold an imminent threat to the public, those to be reported, and other diseases. HIV belongs to the diseases to be reported.

Enforced isolation and treatment can be applied only to diseases holding an imminent threat to the public—for example, tuberculosis, cholera, syphilis, and diphtheria.

"The purpose of enforced isolation is to treat the disease. However, there is no cure for HIV, and, thus, enforced isolation is not legal," notes Olli Haikala, the chief medical officer in the Ministry for Social Affairs and Health.

According to Haikala, it is difficult to intervene with the deliberate transmitting of diseases by means of the public health service. "We in the public health service are not the police. We could lose the trust of people, and they would no longer want to come to us for treatment."

"I cannot accept deliberate transmission of diseases, but intervention should happen through criminal legislation," notes Haikala.

Paper Comments on Case

92WE0048B Helsinki HELSINGIN SANOMAT
in Finnish 3 Oct 91 p 2

[Editorial: "AIDS Carrier Responsible for Others"]

[Text] According to a recent Helsinki City Court decision, it is a crime to intentionally spread a fatal disease. An HIV carrier was sentenced to two years in prison for aggravated assault and involuntary manslaughter. The verdict is the first of its kind in Finland and other Nordic countries. Elsewhere in the world, similar verdicts have been handed down.

The court decision emphasizes a carrier's responsibility for other people, but the threat of a sentence is not an adequate method of changing indifferent behavior. It may be impossible to scare HIV carriers who know they are infected with punishment. A human being is able to care for others only if he himself is cared for.

Now, financially struggling AIDS support centers have done notable work among the infected or those who fear infection to prevent the "end of the world" mood that leads to reckless behavior from spreading. Ten times the number of infections have been found from samples sent by the centers compared to other materials. Thus, the very persons susceptible to infection seek treatment through them. The operation of the support centers can be evaluated and made more effective, but, for the time being, they reach their target group best of all.

The entire AIDS policy in Finland has been built on the basis of volunteerism, information, and responsibility, and there is no need to change that. On the contrary, the amount of information must be increased even more. The HIV epidemic is still spreading, and we must not foster the attitude of avoiding tests and escaping responsibility behind ignorance by imposing punishments. The infection carrier is not solely responsible. Information about safe sex practices will constantly be necessary. In an open, tolerant, and sympathetic atmosphere, knowledge will become practice.

National AIDS Effort Outlined

92WE0048C Helsinki HELSINGIN SANOMAT
in Finnish 28 Sep 91 p 8

[Unattributed article: "AIDS-Research-Program Experts: While Lacking an AIDS Vaccination, We Must Look for Carriers"]

[Text] "People always ask us when will we have an AIDS vaccination, and we always answer in five years," notes Prof. Kai Krohn. "I'd like to add now that, during the past two years in the world, vaccination products have also been tried on people, and, perhaps in a couple of years, we can start vaccinating certain population groups, probably in Africa or in the big cities of the United States. Only in about five years can we evaluate the effectiveness of these vaccinations."

Prof. Pirjo Makela, chairwoman of the Academy of Finland medical committee, adds: "It may take even 10 years before the vaccination is in routine use."

Prof. Kai Krohn, Sirkka-Liisa Valle, M.D., and Assistant Professor Annamari Ranki on Friday discussed the results that Finnish researchers have arrived at in AIDS research mainly sponsored by the Academy of Finland. In addition, Prof. Antti Vaheri has led one of the projects the Academy has sponsored with a total of 5.5 million markkas during the past three years.

Developing the vaccination will still take time, and there is no cure on the horizon. None of the researchers disagreed when Sirkka-Liisa Valle insisted on a careful search for carriers among people close to the infected persons. In that way, the spread could best be prevented. Furthermore, decisions should be made in Finland about which population groups it would be worthwhile to do AIDS testing on in order to determine how widespread the infection is and how fast it is spreading.

Treatment Is Beneficial

Last year, we compiled statistics on 91 new HIV cases. Valle estimates that the number of new cases occurring this year will rise to about 70.

If someone suspects he has contracted HIV, experts say he should have himself tested without delay. Treatment is already available that helps to slow the progress of the disease in its initial phase and to lessen the symptoms.

Annamari Ranki's group has concentrated on studying the patients' symptoms and the effects of different treatments. Neurological research has brought up the fact that HIV can establish itself in an infected person's central nervous system early on. Patients like this, still part of the work force, have greatly benefited from the early use of AZT—that is, zidovudine.

Treatment can improve the weakened immune response against HIV. Unfortunately, this treatment has only a temporary effect.

The coordinator of the Academy research program, Kai Krohn, is also developing an AIDS vaccination with his group. The group is working on a different basis from the U.S. researchers, who have managed to create protection against the HIV infection for healthy chimpanzees.

"The protection is against only the virus that has been used in developing the vaccination, and HIV is able to mutate. We are trying to use gene technology to develop a vaccination from living, weakened viruses that would give broad protection," says Krohn.

Impressive Research Document

The Academy has recently prepared a summary of its AIDS project. There are plenty of products: The 18-page-long publication list includes two doctoral theses, and as many as 31 research projects have been sponsored by the 5.5-million-markka grant.

Krohn received international recognition when he was granted 1.5 million markkas for vaccination research by the EC almost three years ago. Recently, Annamari Ranki received approximately 600,000 markkas primarily to study treatment for skin symptoms.

Krohn notes, however, that a neighboring shoemaker has a greater annual budget than does his research.

"Although we are content with our work in the summary, a certain pessimism is still bothering us," says Krohn. "For example, cooperation with health officials has not been sufficient: We sometimes feel that they are avoiding expert help. Other researchers have probably achieved more than we have, and now new information is a matter of hard work and money."

Prof. Pirjo Makela is happy with the results achieved by Finnish AIDS research. We have become knowledgeable in the treatment and prevention of the disease, and even basic Finnish research has been placed in such high regard that it has gained us participation in international projects.

FRANCE

Further Information on IGAS Transfusion Report

92WE0009A Paris *LE FIGARO* in French 10 Sep 91
p 28

[Article by Jerome Strazzulla: "Blood and AIDS: The Accusatory Report"]

[Text] The first official investigation into the biggest public health scandal in France: contraction of the AIDS virus by over 1,000 hemophiliacs from blood products whose manufacturers knew they contained the virus, will be made public within a matter of hours.

LE FIGARO can now reveal the scope of the IGAS (General Inspectorate of Social Affairs) investigation ordered in June by Minister of Social Affairs and Integration Jean-Louis Bianco in an attempt to respond to concern coming on the heels of the resignation of Michel Garretta, director of the National Blood Transfusion Center. While the report draws no conclusions relating to individual or collective responsibility, it does generally confirm retrospective analyses of France's slowness and the blood bank's inertia vis-a-vis protecting patients from the AIDS virus.

Anticipated in late June and then early July, the report is being published two months later than the original schedule. It is not easy to "make any objective evaluation of the true situation or the chronology of events," inasmuch as this was the task of IGAS Director Michel Lucas, who has personally taken charge of the file. His reputation for integrity and intellectual honesty explains why the old adage that "If you want a file buried, just give it to an investigative commission" was not confirmed this time! However, at least three points explain why his work is more than just a flash in the pan.

First of all, the director of IGAS did not have access to the record of the preliminary investigation, documenting three years of painstaking investigations by the Gendarmerie. This compartmentalization between the police, courts, and administrative departments, which is aimed at protecting the average citizen, in this case forced a single man to repeat in a matter of weeks what it took a team three years to accomplish!

Silence

The second reason is that no one is required to respond to an IGAS investigation and if there is any subject about which people are reluctant to speak, it is definitely that of the moral bankruptcy of a system based on ethics, volunteers, and nonprofit. When one adds the fact that some of the participants at the time (1983-85) are abroad or have left the Transfusion Center, one can understand the difficulties Lucas faced in conducting a successful investigation.

The last reason is the extreme complexity of the subject. The French system of transfusion was intended to be the very example of altruism, based on donating blood for no pay and nonprofit. If it turns out that purely economic motives led Transfusion to use contaminated products, then the failure is infinitely harder to accept than for the European and American systems, which are by and large based on the profit principle. Any investigation, whether by IGAS, the IGF (General Finance Inspectorate) or the Gendarmerie, therefore has an enormous economic and political impact.

The file is also complex because the accused have chosen a defense argument difficult to counter, one that can be summed up in a sentence: "Do not use 1991 knowledge to judge what happened eight years earlier; at the time, we did not know." The argument is traditional in France; it was commonly used, along with others, after 1944. The final difficulty is that the facts cover over a three-year period of time (1983-85) when knowledge did indeed expand, but during which the response of the blood bank, physicians, and officials in charge was invariably flawed.

1. End of 1983: Silence—As early as this date, all Transfusion officials knew their products might be contaminated by the AIDS virus, which the Lucas report unambiguously admits. However, the users of these blood products, hemophiliacs in particular, were not warned of the risks they were running. This silence, which would reign until July 1985, is all the more culpable because treatment of most hemophiliacs is not vital. "Recommendations from certain agencies or officials were not heard," the report states, "and reassuring responses were given, resulting in the collective support of the hemophiliac community."

2. 1984: Imprudence and paralysis—During this year of scientific uncertainties as to the gravity of the AIDS epidemic, prudence dictated administering the fewest blood products possible and, for hemophiliacs, returning

to more archaic and less convenient, but safer, products, which strategy the Lucas report recalls with precision.

At the time, the French Transfusion system preferred an industrial and commercial strategy: As it had planned before the epidemic started, it increased the proportion of more convenient products, the very ones presenting the greatest risk of being contaminated. This is very likely the industrial choice to which the Lucas report is referring when it entitles one of its chapters, "1981-1984: A Threat the Unknown Scope of Which Upsets Strategies and Hopes." Further: "The organization of the French transfusion system is presented as offering sufficient protection to face the spread of the disease due to existing conditions of safety."

3. By the end of 1984, several countries, including the United States, were recommending heating blood products in order to kill the virus. As the press noted in June, the report quotes the very letters from foreign companies proposing the importation of heated products.

The French transfusion system then embarked upon the most painful period of its history. Incapable of mastering heating techniques, refusing to import them, and failing to take public precautions against the risk, it walled itself in by silence and administered products it knew to be 100-percent contaminated by the AIDS virus to hemophiliacs. The final four months, between March 1985, when it finally recognized the usefulness of heating, and July, when the first "French-heated" products came on the market, were devastating.

During those four months, the silence of the Transfusion Center and the Ministry of Health, under whose tutelage it worked, was deafening, four months which the Lucas report politely calls, in terms of "the French decision-making calendar, a certain delay."

GERMANY

Report Cites Berlin AIDS Cases, Deaths

AU3011141891 Berlin NEUES DEUTSCHLAND
in German 27 Nov 91 p 1

[ADN report: "Already 1,000 People Suffering From AIDS in Berlin"]

[Excerpt] Berlin—There are about 1,000 people suffering from AIDS in Berlin, with an equal number of deaths to date. This is stated in a report on care for AIDS patients which was presented to the Senate by Health Senator Luther on Tuesday [26 November]. Furthermore, it must be estimated that 15,000 to 20,000 HIV-infected people live in the city. [passage omitted]

GREECE

Alarming Increase of AIDS Cases

92P20027A Athens I KATHIMERINI in Greek 2 Oct 91
p 5

[Text] This century's scourge, AIDS, is rapidly spreading in our country and especially among heterosexuals. Some 36 new cases were reported in the last three months, raising to 528 the number of individuals affected by this terrible disease.

These data were given to newsmen yesterday by Minister of Health Y. Sourlas, who stressed that this increase, which has affected mainly heterosexuals, was expected, since the new cases come from AIDS virus carriers.

Thirteen of the AIDS cases are children under 12 (six boys and seven girls), 271 are homosexuals or bisexuals, 21 are drug addicts, four are homosexual drugusers, 34 are individuals who have undergone multiple blood transfusions, four are individuals who became infected by receiving blood-producing agents, 108 are heterosexuals, and 40 individuals cannot be categorized.

It should be noted that 102 AIDS cases are individuals between 40 and 49, 94 between 25 and 29, 89 between 30 and 34, 89 between 35 and 39, 44 between 50 and 59, etc. In relation to babies and children under 12, five became infected through receiving blood-producing agents, three from blood transfusions, and five cannot be categorized.

IRELAND

Paper Gives Statistics on Spread of AIDS

Alarm Over Heterosexual Cases

92WE0038 Dublin IRISH INDEPENDENT in English
2 Sep 91 p 3

[Article by Don Lavery: "AIDS Alarm Over Heterosexual Cases"]

[Text] There has been a steady rise in the number of heterosexuals—including women—contracting AIDS, but how fast it spreads depends on how the heterosexual population responds, the department of health's leading AIDS expert warned yesterday.

Latest figures show that between June, 1990 and July, 1991, there had been an increase of some 200 percent in full blown AIDS cases among heterosexuals in the Republic, with a 52 percent rise in HIV infection.

"Up to now heterosexual people have had a 'them and us' attitude about AIDS. 'Them' being gays and drug abusers. But it has to be gotten across to the general public that AIDS can affect us all—rather than being an interesting, peculiar, titillating disease they read about in the newspapers," said Dr. James Walsh.

He said Department figures showed that in June last year there were 152 full blown AIDS cases, with six of them heterosexual. Now there were 209 AIDS cases, with 17 heterosexual.

"I warned about this a couple of years ago—I'm not sure anyone was listening. Given that these AIDS cases are the end of a long spectrum of four-to-10 years after HIV infection, the question is: will there be an explosive spread among heterosexuals or a steady increase?"

"Since 1987, all of the Western European countries have reported a steady, slow rise in full blown AIDS cases. And parallel with this, female cases of AIDS have gone up."

Figures show that in the last year in the Republic, there has been a 14 percent rise in AIDS babies; a 35 percent increase in homosexuals with full AIDS, and a 48 percent rise among IV drug users—with a massive increase of some 200 percent among heterosexuals.

Figures for HIV infection show that, apart from haemophiliacs, who have seen no increase, other groups show rises of between eight and 52 percent.

And a new survey by the Genito-Urinary Medicine Clinic in St. James' Hospital in Dublin shows that 91 percent of heterosexuals using the clinic had engaged in unprotected sexual intercourse.

Increase in Fatalities

92WE0038 Dublin IRISH INDEPENDENT in English
10 Sep 91 p 10

[Text] Another Irish person has died from AIDS, it emerged yesterday. It brings the number of fatalities in Ireland to 90, according to Department of Health figures.

The latest victim was an intravenous drugs user. The number of cases of full blown AIDS in the Republic has increased by two to 211.

Latest AIDS Figures, Heterosexual Cases Increase

92WE0109A Dublin IRISH INDEPENDENT
in English 15 Oct 91 p 11

[Article by Tom Reddy: "Heterosexual AIDS Triples"]

[Text] The number of heterosexuals who have developed AIDS in the past year has tripled, and the figure for heterosexuals contracting the HIV virus has increased by 45 percent.

And the latest figures, released by Dublin AIDS Alliance, also reveal that nine out of 10 heterosexuals do not practice safe sex.

The figures, from a survey carried out at the St. James' Hospital genito-urinary clinic, show an increase in AIDS figures on last year in all categories.

Intravenous drug users increased by 42 percent, with 74 cases recorded to the end of July this year. Homosexual AIDS victims increased from 63 to 79, haemophiliacs from 16 to 20, and paediatrics increased from seven to eight.

The number of people who contracted the HIV virus increased in all categories, except haemophiliacs, which remained the same. IV drug users increased from 508 to 604, among heterosexuals from 80 to 116, among homosexuals from 113 to 173, paediatrics from 67 to 76, while there were 18 uncategorised cases for the year to end of July last.

Last night Fine Gael's health spokesman Richard Bruton called on the Government to set up a specially-funded HIV/AIDS action and education programme.

"This survey seems to confirm all the trends: HIV and AIDS are increasingly spreading into the heterosexual community. The Government must take action; they must be shaken out of their complacency," he added.

Condom legislation should be liberalised and it shouldn't be left to local health boards to make decisions about condom points of sale.

SPAIN

Updated Autonomous Community AIDS Statistics

92WE0087A Madrid DIARIO 16 (CUADERNOS supplement) in Spanish 16 Oct 91 p V

[Article by Susana Reverter: "Spain, Number Two Country in Europe in Infant AIDS Cases"]

[Excerpt] One-hundred and ninety children have been born in Spain with risk factors, in other words, carrying antibodies to the AIDS virus, according to a study by the World Health Organization (WHO). Spain is thus in second place in Europe in terms of the number of children affected, behind France (210 cases) and ahead of Italy (184).

Nevertheless, according to a study by Spain's Health Ministry in July of this year, the number of cases has risen to 221. Since December 1989 the total number of AIDS cases in Europe has increased by more than 50 percent, and between September and December 1990 the most new cases were seen in France, 3,427, and in Spain, 651. According to the Health Ministry, since 1981 279 children (ages 0 to 12) in Spain have been reported suffering from AIDS, and 112 of them have died.

Although there has been a definite rise in the number of AIDS patients, there has been a reversal in the trend among children. Whereas 34 children were born with the antibodies in 1990, only 9 were in 1991. The number of reported cases are recorded for statistical purposes, but there are HIV-positive people walking around without knowing that they are (the time of infection does not coincide with the time of notification). Therefore, what

is significant is the awareness of the cases, not an increase in their number, inasmuch as the individuals stricken today were infected 8 or 10 years ago. Thus, AIDS is spreading not because the number of cases is increasing but because more people are finding out that they have it, even though they have been ill for years.

The hardest hit communities are: the Balearic Islands, 90 cases; Madrid, 89; Catalonia, 77, and Andalusia, 68. Castile-Leon and Navarre report one case, and Extremadura, two. La Rioja and Melilla have not reported a single case. In Cantabria the Office of Social Welfare and in Asturias the Regional Health Ministry have not furnished data; in Castile-La Mancha the Health Ministry "does not have them available." The data are cumulative from 1981 to 1991, and the autonomous communities have conducted the studies over different periods of time; thus there are discrepancies between them and the Health Ministry's studies.

The Health Ministry has established an Interregional Council to coordinate health-care activities nationwide, inasmuch as these responsibilities have been transferred to some autonomous communities. In the wake of the problems that Montse Sierra, a carrier of the antibodies, had going to school in Malaga, the council was convened in June 1990. At the meeting it decided that it was opposed to "discrimination against or the stigmatizing of" individuals suffering from the syndrome, that hygiene measures must be observed at schools, whether or not infected individuals were present, and that due care should be taken in vaccinating infected children.

"There are no technically valid reasons why children or teachers who may be infected with the HIV virus (whether they have developed symptoms of the disease or not) should not be integrated into the school community," the minutes of the council meeting state. [passage omitted]

Cases of HIV-Positive Children (under age 13)

Galicia, 11; Castile-Leon, 1; La Rioja, 0; Basque Country, 43; Navarre, 1; Aragon, 55; Catalonia, 77; Balearic Islands, 90; Valencian Community, 34; Madrid, 89; Murcia, 4; Canary Islands, 5; Andalusia, 68; Extremadura, 2; Asturias, Cantabria, and Castile-La Mancha have not furnished data.

Note: The data are cumulative from 1981 to 1991 and have been furnished by the autonomous communities. The overall figure differs from the total provided by the Health Ministry, as it takes more recent studies into consideration.

Health Ministry Officials Report 'Worrying' AIDS Situation

*LD3011213591 Madrid RNE-1 Radio Network
in Spanish 1300 GMT 29 Nov 91*

[Text] Spain's AIDS situation is worrying but not desperate, according to Health Ministry officials who reported today on the evolution of this disease in our

country. They announced that there are currently 10,000 AIDS sufferers in Spain as opposed to 56,000 in Europe and 1.5 million in the world as a whole. The Health Ministry officials said that work is proceeding apace to discover a vaccine and new medicines. They said that research is being carried out under WHO auspices into 12 vaccine prototypes and that the Pasteur Institute, in Paris, is most advanced in this research. It was again stressed that the best way to fight AIDS is prevention and to this end they reiterated the need to use condoms in sexual relations and the need for drug addicts not to share needles. The health officials announced that from now on AIDS sufferers would be treated in primary health centers.

SWEDEN

Increased Debate on HIV Confidentiality Issue

*92WE0082A Stockholm SVENSKA DAGBLADET
in Swedish 3 Oct 91 p 15*

[Article by Stefan Koskinen: "Spreaders of the HIV Virus Go Free; Confidentiality Hinders Doctors and Prosecutors from Working Together"—first two paragraphs are SVENSKA DAGBLADET introduction]

[Text]

Imprisonment

A Finnish man was sentenced to two years in jail for infecting his male partner with HIV, the HELSINKIN SANOMAT reported on Wednesday. The municipal court in Helsinki sentenced the man for infliction of serious bodily injury which caused his death. The man's partner died while the trial was in progress.

According to the newspaper, the accused knew he carried the HIV virus, which causes the immuno-deficiency disease, AIDS. He was sentenced to pay 75,000 marks (112,000 kronor) in damages to the survivors of the deceased.

Both prosecutors and public health physicians are critical of the confidentiality which hinders them from working cooperatively in the effort to stop individuals who spread the HIV virus.

"Confidentiality makes it impossible for us to take a matter to the public prosecutor or the police when it is not a criminal violation that carries more than a two year sentence, which in principle means only murder, manslaughter, or rape," said Brit Christenson, physician with the disease control division in Stockholm.

The question came to a head with the first criminal investigation of an HIV infected person to have casual sexual contact without informing his partner about the infection.

Posing a Danger

A woman reported the HIV-infected man and District Attorney Goran Soderberg conducted an investigation of the man on suspicion of posing a danger to others.

The police later learned that during the summer of 1990 the man had apparently had relationships in a number of instances with women that he met at the Opera Bar in Stockholm.

The prosecutor learned that the public health physician had personal statements from other women who had also been exposed to the man. Further, the public health physician at one point knew where the man could be found, even as the public prosecutor attempted to trace him.

In that case, health and medical confidentiality forbid the public health physician from supplying the prosecutor with the information he needed.

"Confidentiality decisions put obstacles in the way of effective investigation," said District Attorney Goran Soderberg.

When individuals knowingly spread the HIV virus is the time when public health physicians would like to help the prosecutors.

"In some fashion we ought to be able to work together, in as much as it concerns limiting the spread of the disease," said Brith Christenson.

Review the Regulations

Last week public health physicians and prosecutors had a meeting with Attorney General Torsten Jonsson in order to discuss the problem.

"The public health physician felt the confidentiality rules were a hindrance to their work. We will review the regulations and subsequently hold another conference," said Torsten Jonsson.

As to the case concerning the man suspected of committing a criminal offense for exposing others to the risk of infection, no charges will be brought.

Strict Confidentiality

If public health physicians were to find out that one or more of fourteen individuals suspected of knowingly spreading the HIV virus had behaved criminally, the information would not be handed over to the police or public prosecutors.

In fact, public health physicians in Stockholm have information that 14 leading members of certain HIV support organizations have had unprotected sex with others, despite knowledge of their own HIV infection.

Last Wednesday SVENSKA DAGBLADET reported on the protests against public health physicians in Stockholm staged by Act Up [AIDS Coalition to Unleash Power], an interest group for HIV positive individuals.

The criticism was aimed at public health physicians for making a request for access to certain case books at

Venhalsan. Public health physicians, however, are not permitted to hand these over to the police or public prosecutors, even if they should ask for them.

Health and medical confidentiality, which covers all doctors, is broken only in the case of suspicion of a criminal offense carrying at least a two year sentence. Therefore, only in the case of murder, manslaughter, or rape, may a doctor reveal what he knows.

In such cases, a doctor must answer questions put by the prosecutor; otherwise a doctor has no obligation to report it. If a doctor obtains information concerning a serious crime, he is not obliged to report it to the police or to the public prosecutor, but he may do it if he wishes.

Risks Imprisonment

If someone exposes others to the risk of infection, the nature of the crime is "posing a danger to others," which carries fines or imprisonment of a maximum of two years. If someone is infected, the crime can probably be reclassified as serious assault, which can carry from one to ten years imprisonment. This crime is not, therefore, sufficiently grave to void confidentiality.

Public health physicians have, on the other hand, an easier time obtaining information. The disease control law gives them the right to seek information from authorities, including the public prosecutor. In addition, health and medical personnel are obliged to hand over information to the public health physician.

The doctors work through the administrative courts by requesting that individuals be placed in compulsory quarantine. They may request this for individuals who knowingly spread the infection or for those unaware of what they are doing.

Request Quarantine

The administrative court hears the request, first of all, for a three month compulsory quarantine. Subsequently, compulsory quarantine may be extended to six months at a time. The administrative court decision may be appealed to the administrative appeals court and the administrative supreme court.

The public health physician is obliged to release a quarantined individual as soon as it can be determined that he is willing to cease his negligent behavior.

Forego Confidentiality

A person may forego doctor confidentiality if he has been subjected to violation from a person he believes to be infected.

If a possibility is present that the person may have been infected by the violation, that person can demand a compulsory testing of the perpetrator in order to ascertain whether he is HIV positive.

The decision is made by the public prosecutor and he must also inform the plaintiff of the results.

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